

COMPTABLES PROFESSIONNELS AGRÉÉS ÉCOLE DE GESTION DE L'ATLANTIQUE

Pre-Approved Program Application

Please complete the following application and submit it along with any requested attachments to wzhangfarrell@cpaatlantic.ca (see below for requested attachments)

Attestation: "The information I am providing is accurate, true, and complete. I will promptly notify CPA Atlantic School of Business of any change in this information or provide any further information or documentation as requested by CPA Atlantic School of Business."						
Yes No		Date	e (mm/dd/yyy	/y):		
General Employer Information:						
Employer Name:						
Employer Address:						
Website:]		
Brief description of organ	nization:					
Single location/ multiple *If multiple, please indicate						
Single position/multiple positions: *please indicate position(s) name(s)						
How many students are you looking to approve for this position(s):						
How many CPA's currently work within your organization:						

Suggested attachments:

• Please include a detailed job description for the position(s) you are looking to be pre-approved for, along with this completed form.

Note for Public Practice:

- o If your organization operates in public practice, you will be required to complete a chargeable hours sheet as part of the application process to determine eligibility.
- o If applying for licensure pathway (External Audit, Review or Compilation), your firm must be registered with the provincial body.