



Chartered Professional Accountants of Ontario
 130 King Street West Suite 3400
 PO Box 358
 Toronto ON M5X 1E1
 T. 416 962.1841 Toll free 1 800 387.0735
cpaontario.ca

Application For Part-Time Practice Inspector

In order to be considered for the position of part-time practice inspector, an applicant must be a member in good standing with the Chartered Professional Accountants of Ontario (CPA Ontario) and be currently engaged, or have recent experience, in the performance of assurance engagements as a sole practitioner, partner or manager/senior manager in a registered office. We will also consider applications from members who were, but are not presently, engaged in public practice and are now providing consulting services to public accounting firms in specialized areas, e.g. the preparation of financial statements under the IFRS or PSAB accounting frameworks. If you have a current resume, please submit a copy with this application. Part-time inspector contracts are for a period of one year subject to compliance with the Terms and Conditions signed by the inspector upon commencement of the inspector’s term and renewable annually upon mutual agreement of CPA Ontario and the inspector. A prerequisite to the performance of any practice inspections is attendance at our training session for new part-time inspectors to be held either virtually or in person in May (exact dates and location to be advised); further details on the session will be provided to successful applicants.

CPA Ontario ID:

1. Personal Information

Designation: CPA, Year Received:

Full Name (including any middle initials):

Mailing Address:

Telephone: Home Business Cell

Note: Please provide phone number most appropriate for contact with respect to this application. (Most contact will be by email.)

Email Address/URL:

2. Availability

Practice inspectors are asked to commit to the practice inspection program for a period generally ranging between 15 and 30 days (or approximately 100 to 225 hours), the majority of inspections are completed before December 31. Please indicate:

- a) Approximate number of days you can commit:
- b) Restrictions, if any, on availability (e.g. known vacation periods, peak practice workload, etc.):

c) Are you available to do out-of-town inspections requiring overnight stays? Yes No

If Yes, approximately how many consecutive nights?

3. Commentary

Please describe why you are interested in becoming a practice inspector.



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4. Experience

University Degree(s):

Current Public Accounting Activities:

Sole Practitioner Partner in a firm Staff (specify position):

Name and Address of Present Firm:

Start Date (mm/dd/yyyy): / /

CPA Ontario Firm ID:

Number of clients in your practice: Audits: Reviews: Compilations:

Nature of current practice: Please provide a brief description of your clientele (i.e. type of engagements, industry sectors, etc. with which you are directly involved), and any technical or industry expertise which you possess, e.g. IFRS, credit unions, PSAB (municipalities, First Nations, school boards, hospitals, etc.), not-for-profit entities, public companies.

Name and Address of Previous Firm (if less than 5 years with present firm):

Start Date (mm/dd/yyyy): / / End Date (mm/dd/yyyy): / /

Fluency in business French (written **and** spoken): Yes No

Current Non-Public Accounting Activities:

If you were, but are not presently, engaged in a public accounting practice, and are now providing consulting services to public accounting firms in specialized areas, e.g. with respect to engagements with financial statements prepared under the CPA Canada Handbook - Accounting - Part I (IFRS) or Public Sector Accounting (PSAB) frameworks, please indicate the following with respect to these services:

Start Date (mm/dd/yyyy): / /

Description of Services Provided:



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Professional Participation: Please list any professional activities with other provincial bodies/Ordre or professional accounting bodies, in which you have recently participated (e.g. as a speaker, committee/panel/task force member, etc.):

Name of Professional Body:

Nature of Activity:

Duration of Involvement:

Name of Professional Body:

Nature of Activity:

Duration of Involvement:

5. Professional/Personal References

At least one should be a member in public practice.

Reference 1:

Name: Profession:

Business Address:

Business Tel:

Reference 2:

Name: Profession:

Business Address:

Business Tel:

Reference 3:

Name: Profession:

Business Address:

Business Tel:

Professional Development:

Please submit your **Continuing Professional Development (CPD) logs for three years ended December 31.**

I confirm that the information provided in this application is current and correct. I have attached my CPD logs as requested above and, if applicable, a copy of my current résumé.

Applicant signature (written, typed or e-signature) / / Date (mm/dd/yyyy)

Please email your completed PDF application to: pracinsp@cpaontario.ca