



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

Schedule C – Qualifying Experience Requirement

CPA Ontario ID:

A **separate** Schedule C must be completed for each firm (must be in an External Audit Pre-Approved Program) where experience was obtained and must be certified by an existing licensee at the firm, by a member of a Provincial Body who holds a valid and equivalent licence, certificate or other form of authorization to practice public accounting granted by the Provincial Body or by providing alternate certification that is acceptable to CPA Ontario.

Please have the Public Accounting Licensing Board (PALB) consider the hours below towards satisfying the Professional Experience Requirement as defined in Regulation 17-1, section 1.16. If so, **do not** complete Schedule A.

Firm Name:

Firm Address:

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

Full-time connection

Part-time connection

The hours captured below were obtained at the above noted Firm while the Member was participating in a recognized capacity:

Chargeable Hours	Hours
Review procedures (minimum 100 hours)	
Audit of historical financial information (minimum 625 hours)	
Other assurance engagements (excluding tax in assurance engagements)	
Total Assurance Procedures (minimum 1250 hours)	

Chargeable Hours	Hours
Designated Services (e.g. performance measurement, forensic accounting, research on the interpretation or application of the accounting and assurance standards). For further details on designated services refer to Regulation 17-1.	

TOTAL (minimum 2500 hours)	
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I confirm that the Member obtained the above chargeable hours under the supervision of a Member who is licensed to practise public accounting , or a member of a Provincial Body who holds a valid and equivalent licence, certificate or other form of authorization to practice public accounting granted by the Provincial Body.

Print Name

X _____
Signature

/ /
Date (mm/dd/yyyy)

Member # of Licensee:

OR (Con't next page...)



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Sworn Affidavit

If there is no person who would be available to provide the above certification, the Member may in lieu of such certification provide an affidavit sworn before a notary public or commissioner for oaths attesting to the truthfulness and accuracy of the information provided on this experience certification report. Please explain why there is no person available:

I, _____ attest that the information noted on
Schedule C – New PAL Experience Certification Report is correct to the best of my knowledge.

X _____
Member's Signature

/ /
Signed or attested to before me on (mm/dd/yyyy)

Full Name of Notary or Commissioner

X _____
Notary or Commissioner Signature

/ /
My appointment expires on (mm/dd/yyyy)

