

Chartered Professional Accountants of Ontario - Office of the General Counsel

In connection with my Council candidate submission with Chartered Professional Accountants of Ontario, I understand that reference checks and requests for work history verifications, educational verifications and credential verifications may be made regarding my current or past employment and education. These reports will include some or all of the following components relating to my employment experience: job description, dates of employment, position(s) held, rate of pay, subjective or objective opinions of my job performance, reputation and character, reasons for departure of past employment and/or eligibility for rehire, degrees, diplomas, designations or licenses held.

### CANDIDATE INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Middle Name	Last Name
<input type="checkbox"/> Maiden Name <input type="checkbox"/> Alias <input type="checkbox"/> Exact names used in school if different		Date of Birth: Day / Month / Year	Telephone
Signature X		Date signed	Email Address

### HIGH SCHOOL EDUCATION INFORMATION

School Name	Student Number	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of graduation
Location (city, province, country)	Telephone	Email (for guidance / student records)	

### POST-SECONDARY EDUCATION INFORMATION

Name of Institution #1		Location (city, province)	If International, specify country
Registrar's Email		Registrar's Telephone	Student Number
Program of Study (include Majors and Minors)		Credential awarded: (specify BA, BBA, BSc., BEng., MBA, MSc., PhD., etc.) <input type="checkbox"/> Undergrad Degree <input type="checkbox"/> Grad Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of convocation	Dates of attendance From: To:	Specify if credential is: <input type="checkbox"/> Continuing education <input type="checkbox"/> in progress <input type="checkbox"/> not pursued

Name of Institution #2		Location (city, province)	If International, specify country
Registrar's Email		Registrar's Telephone	Student Number
Program of Study		Credential awarded: (specify BA, BBA, BSc., BEng., MBA, MSc., PhD., etc.) <input type="checkbox"/> Undergrad Degree <input type="checkbox"/> Grad Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of convocation	Dates of attendance From: To:	Specify if credential is: <input type="checkbox"/> Continuing education <input type="checkbox"/> in progress <input type="checkbox"/> not pursued

### IMPORTANT:

For all **international education** listed above, please provide a copy of your **diploma AND** a copy of your **transcript**.

### PROFESSIONAL DESIGNATION INFORMATION

Name of Organization / Association		Location (city, province)	If International, specify country
Telephone	Email	Certificate Number	Member Number
Credential received: (specify) <input type="checkbox"/> Designation <input type="checkbox"/> Certification <input type="checkbox"/> Licence <input type="checkbox"/> Red Seal		Active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date received