



APPLICATION FOR MEMBERSHIP BY INTERNATIONAL RECIPROCITY

Fees: Application Fee \$50.00 + HST (non-refundable)
Admission Fee \$750.00 + HST (payable after CARE exam passed, upon application to membership)

Make cheques payable to ICABC. You may also pay by MasterCard or VISA (see last page).

Please print clearly

Foreign Accounting Designation _____ Country (and State if US CPA) _____

Qualification Date _____ Date final qualifying exam passed _____
m / d / yr m / d / yr

If you are a US CPA, please provide a copy of your CPA Uniform Final Exam results.

Do you require an application form for a Practice Licence? Yes No

Applicant's Name _____
First Middle Last
(Complete as you wish your name to appear on your CA certificate)

If you have ever been known by another name, please provide such name below and send proof of name change (i.e., copy of: court decree, dissolution, or marriage certificate) _____

Sex (F or M) _____ Date of Birth _____
m / d / yr

Home Address _____
Street
City State/Province Postal Code Country

Home phone number () _____ Home fax number () _____

Home e-mail address _____

Employer _____

Address _____
Street
City State/Province Postal Code Country

Work phone number () _____ Direct line phone number () _____

Fax number () _____ E-mail address _____

ICABC mailings should be sent to: home address employer's address

Public Practice Employment

Employer	Address	Date		Position Description
		From	To	

Other Employment

Employer	Address	Date		Position Description
		From	To	

Chargeable Hours

Please confirm hours obtained while in public practice:

- I have a minimum 2500 total chargeable hours. Yes No
If you have indicated *No*, how many total hours do you have? _____
- I have a minimum of 1250 attestation hours, of which a minimum 625 are audit. Yes No
If you have indicated *No*, how many attest/audit hours do you have? _____
- I have a minimum of 100 taxation hours. Yes No
If you have indicated *No*, how many tax hours do you have? _____

**Please answer the questions below.
Attach a separate page to explain any YES answers**

- Have you ever been indicted or convicted of a criminal offence in any state, province or country? Yes No
- Have you ever had a professional license or permit suspended or revoked? Yes No
- Have you ever been expelled from a professional society or institute? Yes No

AFFIDAVIT

Applicant - please sign below before a Notary Public

I, _____ the above named applicant:

1. attest that the foregoing information is correct to the best of my knowledge;
2. undertake that, if I am admitted as a member of the Institute of Chartered Accountants of British Columbia (Institute), I will be governed by the Act of Incorporation, Bylaws, Rules of Professional Conduct, Council Interpretations and Bylaw Regulations from time to time in force;
3. consent to granting the Institute the right to review all files for all professional engagements that I undertake within the province of British Columbia;
4. agree to report to the Institute within 30 days any investigations undertaken or sanctions imposed by the foreign credentialing body granting the designation/certificate/title on which this application by reciprocity is based;
5. authorize the Institute to notify the foreign credentialing body on which this application is based of any discipline sanctions imposed against me by the Institute;
6. authorize the Institute to participate in joint investigations with the foreign credentialing body and to share, on a reciprocal basis, evidence relating to an investigation which is being carried out by both credentialing bodies.

Applicant Signature

NOTARY SEAL

Signed or attested to before me on: _____

By _____
Notary Signature

My appointment expires: _____

Payment of application fee made by: (select one) <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Cheque	Amount Enclosed/Authorized: \$
Card Number / Expiry Date	Signature and Date

CERTIFICATION BY A US STATE BOARD OF ACCOUNTANCY

Re: _____

Print Applicant's Name

In connection with the above named person, application for membership in the Institute of Chartered Accountants of British Columbia, information relating to membership status as a Certified Public Accountant in the State Board of _____ is given below:

Registered name (in full): _____

Date CPA certificate awarded: _____ Certificate no: _____

Applicant currently holds a licence issued by the Board:

Yes No

Applicant currently holds a certificate to practice issued by the Board:

Yes No

Academic Qualifications: _____ University: _____

The CPA was gained by:

- virtue of passing the uniform AICPA final examination on (mm/dd/yy): _____
 - while being a resident of (please indicate State/Country): _____
- OR
- affiliation (please indicate the qualifying body): _____

CONFIRMATION

The person named above is in good standing with the State Board and we know of no reason why membership in the Institute of Chartered Accountants of British Columbia should not be granted.

If such confirmation cannot be given, please explain: _____

Name of State Board: _____

Name and position: _____

Signature: _____

Date: _____

Please Affix Official Stamp or Seal

**The State Board is to return the completed document directly to the
BC Institute of Chartered Accountants at the address noted above or by email to langley@ica.bc.ca**



CERTIFICATION OF MEMBERSHIP IN AN ACCOUNTING BODY OUTSIDE CANADA

Re: _____

Print Applicant's Name

In connection with the above named person, applicant for membership in the Institute of Chartered Accountants of British Columbia, information relating to membership status in this accounting body is given below:

Registered name (in full): _____

Membership admission date: _____

Academic Qualifications: _____ University: _____

This membership was gained by:

- Completing prescribed practical experience of _____ years
- Virtue of passing the qualifying examination(s) on (mm/dd/yy): _____
While being a resident of (please indicate country): _____
- affiliation (please indicate):
 - a) name of qualifying body: _____
 - b) any examinations written: _____

CONFIRMATION

The person named above is in good standing with _____ (*name of accounting body*) and we know of no reason why membership in the Institute of Chartered Accountants of British Columbia should not be granted.

If such confirmation cannot be given, please explain: _____

Name of accounting body: _____

Name and position: _____

Signature: _____

Date: _____

Please Affix Official Stamp or Seal

**The accounting body is to return the completed document directly to the
Institute of Chartered Accountants of BC at the address noted above or by email to langley@ica.bc.ca**