



## 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: \_\_\_\_\_

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