

CPA Marker Application Form

Please complete this form using the fillable sections of the PDF.

FIRST NAME*		LAST NAME*	
CITY	PROVINCE	POSTAL CODE	
TEL. (HOME)	TEL. (BUSINESS)	CELL	
PREFERRED EMAIL*		ALTERNATE EMAIL	

Marking Language (fluency required): EN FR Bilingual

Marking session(s) applying for:

	Winter March 2024	Spring July 2024	Summer September 2024	Fall December 2024
Core 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you already applied for CPA Module marking in 2023? Yes (update only) No

Educational/Marking Experience

In which of the following competency areas have you had the most working/teaching/marketing experience? Rate “1-6”, “1” being the most.

- | | | |
|--|--|--|
| <input type="checkbox"/> Financial Reporting | <input type="checkbox"/> Management Accounting | <input type="checkbox"/> Strategy & Governance |
| <input type="checkbox"/> Audit & Assurance | <input type="checkbox"/> Finance | <input type="checkbox"/> Taxation |

Education

UNIVERSITY NAME

DEGREE RECEIVED

Designation

CPA

OPTIONAL:

CA (Legacy)

CGA (Legacy)

CMA (Legacy)

YEAR
DESIGNATION
OBTAINED*

OTHER EDUCATION,
PROFESSIONAL
DESIGNATION, ETC.

Present Employment

COMPANY NAME

POSITION HELD

DATE STARTED

RESPONSIBILITIES

References (3 professional accountants):

1

NAME

EMAIL ADDRESS

COMPANY

2

NAME

EMAIL ADDRESS

COMPANY

3

NAME

EMAIL ADDRESS

COMPANY

Dated:

SUBMIT

SAVE

RESET FORM