CHARTERED PROFESSIONAL ACCOUNTANTS CANADA
COMPTABLES PROFESSIONNELS AGRÉÉS CANADA

# 2020 CFE Marker Application Form

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

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

## Marking Language (fluency required): ☐ EN ☐ FR ☐ Bilingual

## CFE Marking centre(s) applying for:

### Fall 2020

| Day 1 | Day 2 | Day 3 |
|---|---|---|
| ☐ October 8 – 21, 2020 | ☐ Assurance Role: October 6 – 19, 2020<br>☐ Performance Management Role: October 7 – 17, 2020<br>☐ Common (Financial Reporting): October 5 – 18, 2020 | ☐ October 10 – 24, 2020 |

**Have you already applied for CPA Module marking in 2019?** ☐ **Yes (update only)** ☐ **No**

## Marking Experience

## In which of the following competency areas have you had the most working/teaching/marking experience? Rate "1-6", "1" being the most.

- ☐ Financial Reporting
- ☐ Management Accounting
- ☐ Strategy & Governance
- ☐ Audit & Assurance
- ☐ Finance
- ☐ Taxation

## Education

UNIVERSITY NAME

DEGREE RECEIVED

## Designation

- ☐ CPA
- ☐ 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:

SAVE SUBMIT RESET FORM