

2024 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 2024

Day 1	Day 2	Day 3
<input type="checkbox"/> October 4 – 17, 2024	<input type="checkbox"/> Assurance Role: October 4 – 16, 2024 <input type="checkbox"/> Performance Management Role: October 6 – 15, 2024 <input type="checkbox"/> Common (Financial Reporting): October 4 – 16, 2024	<input type="checkbox"/> October 9 – 22, 2024

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

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

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