

EXPERIENCE CERTIFICATION FORM

This form should be completed by the student and submitted to the Institute for each of the following situations. Please indicate which applies in this instance.

On completion of practical experience period () On termination of employment ()

On completion of recognized co-op work term ()

Student surname followed by given names (*please print*)

Employer

Address

Date of employment in this office or registration as student, if later

Current date or date employment ended

30 MONTH REQUIREMENT

Please Refer to Student Regulation 3 for Guidance in Completing this form

Months

Weeks

Length of time employed in this office

Time should be reported in months and weeks with one month equaling 4.3 weeks (21.5 standard days) and one week equaling five standard days. Report one standard day as .2, two days as .4, three days as .6 and four days as .8 (i.e. one week and three days should be reported as 1.6 weeks)

Less

Weeks

- Summer school courses or other preparatory courses e.g. Becker course

- Correspondence courses – time away from work as a result of study and exam days

- Uniform Final Evaluation or Certified Public Accountant Examination preparation and writing time

- Any vacation in excess of three weeks in any calendar year and a total of eight weeks within the first 30 month experience period

- Any other paid or unpaid leaves of absence that have not been reported above (may include illness/bereavement/compassionate/maternity) over the maximum period permitted (ten days per annum)

Total to be deducted from length of time employed in this office

Net length of time employed in this office

Plus: Recognized experience from previous employment (if applicable)

Total length of time employed

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CHARGEABLE HOUR REQUIREMENTS

	Auditing	Assurance	Total Assurance	Other	Total
Minimum chargeable hours required	625		1250		2500
Chargeable hours as recorded on the Experience Record					
Chargeable hours brought forward from previous employment (previously reported to the Institute)					
Total chargeable hours completed					

CERTIFICATION

Student Certification

1. _____, certify the information provided on this form is accurate.
Name of Student (please print)

Signature of Student

Date

Employer Certification

To the best of my knowledge and belief, the information provided above relating to the period of experience claimed in this office is accurate in all material respects.

Name of Member (please print)

Signature of Member

Date

Name of Office

Telephone number

Please complete this form and return to:

**The Institute of Chartered Accountants of Bermuda
P.O. Box HM 1625
Hamilton HM GX, BERMUDA
Telephone: (441) 292-7479; Facsimile: (441) 295-3121**