PUBLIC ACCOUNTANCY BOARD CERTIFICATE OF REGISTRATION APPLICATION PROCESS

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PUBLIC ACCOUNTANCY BOARD CERTIFICATE OF REGISTRATION APPLICATION PROCESS

PUBLIC ACCOUNTANCY BOARD APPLICATION FORM FOR ISSUANCE OF CERTIFICATE OF REGISTRATION

INFORMATION & INSTRUCTIONS

This form must be completed in print/block letters and returned to the Public Accountancy Board, Ministry of Finance and Planning, Kingston 4, for processing. Persons applying for a certificate of registration are required to be at least 21 years old and must satisfy the ethical, educational and experience requirements of the Public Accountancy Act and the accompanying Regulations. A cheque for the required fee of <u>\$6,000.00</u> (six thousand dollars), made payable to the Public Accountancy Board, must accompany this form. An applicant may or may not be invited to attend an interview with reference to the application for certificate of registration.

PERSONAL INFORMATION

1.	Full Name			
2	Surname	First	Middle	Title (Mr/Mrs/Miss)
2.	Mailing Address Building & Stre	et		
	Town/City	Parish		
3.	Telephone Number(s): Home	Office	Cell_	
4.	Date of birth	5 Toxpovor's D	agistration Number	
4.	Date of of the Day/Month/Year	<i>5.1 axpayer s</i> K		
-	-			
6.	Town/City & Country of birth		7. Nationality	
PR	ACTISING INTENT			
8.	I intend to practice in the area of publi Sole practitioner Partner in the firm of Employee in the firm of Part-time practitioner			
PR	EVIOUS AUTHORISATION			
suc	Have you previously applied for a lice the answer to the question is "yes", pleas ccessful, please indicate the reason why ase indicate the reason for this new appl	se indicate the date of the pre the application was not appro	vious application. If	the application was not
AF	FILIATION WITH QUALIFYING PROFESS	IONAL ACCOUNTANCY BODY		
10.	I am a member in good standing with	the following qualifying bodyhaving been admit	ted to membership in	the year
11.	I hereby provide authorisation for constanding with the following profession Name:	nal accounting organisation:		member in good
	Mailing address Build	ing & Street		
	Town/City	Parish		
	Email Address		Telephone	No

Fit and Proper Person

12.	Hav	ve you ever been:		
	a)	Found guilty of a criminal offence?	□ Yes	🗆 No
	b)	Adjudged bankrupt or made an arrangement with creditors?	□ Yes	🗆 No
	c)	Subject to disciplinary proceedings by a professional organisation?	□ Yes	🗆 No
13.		there any criminal charges or professional disciplinary proceedings pending against you? es, please provide details and attach other page(s) as needed.	□ Yes	🗆 No

14. Has any licensing or disciplinary authority ever refused to issue you with a licence or revoked, cancelled, accepted surrender or suspended, placed on probation or refused to renew a professional license/certificate held by you now or previously or ever fined, censured, reprimanded or otherwise disciplined you? □ Yes □ No If yes, please provide details and attach other page(s) as needed.

- 15. In order to assess your character and integrity, please submit the names and addresses of two referees who are not related to you and who have known you for a number of years. The references need to be any of the following persons:-
 - (i) Registered Public Accountant
- (ii) Attorney at Law
 - (iii) Justice of the Peace
- (iv) Minister of Religion

In supplying their names you hereby give authorisation for them to be contacted for purposes of obtaining the required references. (The persons designated will be contacted by mail or telephone and a prompt reply is required for this application to be processed).

 Name
 Address

 ______Telephone No. (Day time)

 Name
 Address

______Telephone No. (Day time)

Continuity of Practice (Not applicable to an employee in a firm of registered auditors/public accountants)

16. I have made arrangements for continuity of my practice in the event of my death or incapacity:

Yes \Box See copy of relevant documentation attached. No \Box

Notification

17. I agree to comply with any and all notification requirements, included in the regulations of the Public Accountancy Act, and will provide such notification within 30 days of the event (e.g. change in name or composition of the firm or partnership).

Maintenance of Competence

18. I acknowledge my professional duty to ensure that the quality of my knowledge and service is maintained and will undertake adequate continuing professional development as required by the membership regulations of ______, the qualifying professional body with

which I am affiliated, as an underlying condition of this application.

Conduct of Public Practice

19. I will comply with the rules of professional conduct issued by the Public Accountancy Board. \Box Yes \Box No

Professional Indemnity Insurance

20. I will obtain adequate professional indemnity insurance, as required by the regulations, to cover any liabilities that may arise in the practice of the public accountancy profession.

EDUCATION

21. By what route did you become a member of the body referred to at paragraph 10 above

- Membership in the Institute of Chartered Accountants of Jamaica by virtue of being a member of:
 (a) The Chartered Association of Certified Accountants (ACCA) in the U.K.
 - (b) The Institute of Chartered Accountants of England and Wales
 - (c) The Institute of Chartered Accountants of Scotland
 - (d) The Institute of Chartered Accountants of Ireland
 - (e) The Institute of Chartered Accountants of any Province of Canada
- Membership in the Institute of Chartered Accountants of Jamaica by passing the MSc Accounting Examination of the University of the West Indies and meeting such other conditions established by the Institute
- □ Membership of the American Institute of Certified Public Accountants (AICPA)
- □ Membership of any other qualifying body approved by the Public Accountancy Board (state name of body).
- 22. The details of my educational qualification(s) in support of this application are as follows:

Educational Institution	Date Qualification(s) Obtained
	Educational Institution

EXPERIENCE

- 23. I have completed the qualifying experience requirement of 60 months of accountancy and auditing experience in role/roles, which has/have prepared me to provide auditing and accountancy services to the public. At least 24 months of this experience have been obtained after admission to membership of the qualifying professional accountancy body, identified above, while working at a senior level¹ under supervision of a registered public accountant.
- 24. With respect to my qualifying experience, I have attached completed evaluation reports, in the required format, from two registered public accounting practitioners with whom I have worked and have accumulated the required number of years of audit and accountancy experience at a senior level. I hereby give authorisation for these persons to be contacted:

Name	AddressTelephone No. (Day time)
Name	AddressTelephone No. (Day time)

Senior level means an applicant who, under the direct supervision of a registered public accountant, has ultimate responsibility for audits:

[•] co-ordinated and reviewed the audit and attestation of all financial statement components of commercial and/or governmental organisations

reviewed and approved the financial statements, including disclosure requirements based on prevailing GAAPs for commercial and/or governmental organisations

[•] reviewed and co-ordinated the preparation of working papers for the approval of the registered public accountant who responsibility for such audits.

CONFIRMATION & DECLARATION

- 25. I have read the Public Accountancy Act and the Regulations thereto and hereby apply for a certificate of registration. I am aware that a practising certificate is issued annually, beginning January 1 of each year, for which an annual fee, determined by the Public Accountancy Board is payable.
- 26. I declare that: I have met the age, ethical, educational and experience requirements and have provided evidence of this in the required manner and format.
- 27. I have enclosed the amount of ______ for application and registration fee. \Box Yes \Box No
- 28. I understand that a false declaration on this form may invalidate any decision(s) related to this application and confirm that the information given in this form is true, accurate and complete.

Date_____ Applicant's Signature_____

FOR OFFICIAL USE ONLY							
	INST	TITUTE OF CHA	RTERED A	CCOUNTANT'S OF	JAMAICA		
Date of Receipt of	ICA	J's	Basis of De	cision:			Date
Application	Reco	ommendation:	Age Requirements Met? \Box Yes \Box No		Age Requirements Met?		Application
			Ethical Requirements Met?		lo	Forwarded	
		ceptance of	of Educational Requirements Met? Yes No		to PAB:		
	App	lication	Member in	Good Standing with			
			Qualifying	Body Requirement Me	et? 🗆 Yes 🛛	No	
		fusal of					
		lication					
	Sign	ed by:	Print Name	e of Signatory:			
		DUDIT	G A GGOINI				
			C ACCOUN	TANCY BOARD		1	
Date of Receipt of		Decision:		Entry in Register:			ertificate
Application from IC	CAJ	\Box Acceptance of	Application			Nu	imber:
		□ Refusal of App	Refusal of Application				
		Signed by the Pr	resident	Print Name of Sign	atory:		

PUBLIC ACCOUNTANCY BOARD EVALUATION REPORT QUALIFYING EXPERIENCE IN SUPPORT OF CERTIFICATION OF REGISTRATION APPLICATION

INFORMATION & INSTRUCTIONS

All applicants for a practising certificate must present satisfactory evidence that they have obtained 60 months of qualifying accountancy experience in role/roles, which has/have prepared him/her to provide auditing and accountancy services to the public; 24 months of this experience must have been obtained after admission to membership of the qualifying professional accountancy body. Such experience must be of a diversified nature involving the application of generally accepted accounting principles and generally accepted auditing standards in the practice of public accountancy, at a senior level,¹ under the supervision of a registered public accountant. This form must be completed and signed by a registered public accountant who has supervised the applicant during the time the qualifying experience was being obtained and is able to make an objective evaluation of competencies demonstrated. Applicants are required to have demonstrated 75% or more of the desired competencies to at least a medium level of proficiency. The person who completes this form will be contacted to verify the information provided and a prompt reply is required for this application to be processed. An applicant may/may not be invited to attend an interview with reference to the application for certificate of registration. Please complete written section in print/block letters.

Apj	plicant's Name			
	Surname	First	Middle	Title (Mr/Mrs/Miss)
1.	Ι	am a member of		and holder of a
	practising certificate from		and	hereby confirm that the
	applicant,	, has gained	experience of a d	iversified nature
	involving the application of gener	rally accepted accounting principles	and generally acc	epted auditing standards
	in the practice of public accountation	ncy under supervision in my capacit	ty as a sole practiti	ioner or partner/manager
	in the public accountancy and au	liting organisation/ firm noted below	W.	
	· ·			

Name of Public Accountancy Organisation

Address Telephone No.

2. I have supervised the applicant over the time period ______ when his/her level of accounting and auditing duties assigned were of a senior level and his/her job title(s) during this period was/were

	LIST OF COMPETENCIES TO BE	EVALU	JATED		
	Competencies	Pr	oficiency Le	Evaluator's Signature	
		High	Medium	Low	
1.	Personal				
i)	Able to communicate clearly and concisely orally and in writing as well as provide appropriate and timely feedback.				
ii)	Able to listen attentively, interpret information, and respond appropriately				
iii)	Able to work alone productively.				
iv)	Able to work cooperatively and productively as part of a team.				
v)	Able to lead and motivate team members.				
vi)	Able to plan, establish priorities, manage time and work schedule effectively and efficiently.				
vii)	Displays a proactive approach to life, balancing initiative with sound judgement.				
viii)	Able to make good decisions for effective problem solving.				
ix)	Able to identify and implement innovative work solutions.				

¹ Senior level means an applicant who, under the direct supervision of a registered public accountant, has ultimate responsibility for audits:
 • co-ordinated and reviewed the audit and attestation of all financial statement components of commercial and/or governmental

<sup>organisations
reviewed and approved the financial statements, including disclosure requirements based on prevailing GAAPs for commercial and/or governmental organisations</sup>

reviewed and co-ordinated the preparation of working papers for the approval of the registered public accountant who responsibility for such audits.

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High Medium Low 2. Professional Values, Ethics and Attitudes						
Professional Values, Ethics and Attitudes Image: Context of the second sec		Competencies				Signature
 i) Treats self and others respectfully ii) Displays positive and cooperative work attitude iii) Able to establish and maintain interpersonal relationships iv) Able to protect confidence and objectivity in professional independence and objectivity in professional analysis, and transmission of ideas. iv) Displays intellectual honesty with respect to the acquisition, analysis, and transmission of ideas. ivi) Does not portary or imply competencies and experience beyond that which is actually possessed. ivi) Does not engage in behaviours that are incompatible with high standards of integrity, objectivity and independence. ivi) Displays excellent self management skills as reflected in attitude, utterances and actions. ivii) Accepts responsibility of timely discharge of work commitments of high standards. iviii) Demonstrate that he /she is fully cognisant of the requirements of the PA Rules and Recommendations (incorporating inter alia the conditions of the IFAC Code of Ethics) iviii) Dobes accounting and independence compares of local and actively participates in implementing new work procedures. iviii) Demonstrate that he /she is fully cognisant of the requirements of the PAR Rules and Recommendations (incorporating inter alia the conditions of the IFAC Code of Ethics) iv) Provides accounting adding and other related services in a professional and integrite and avareness of local and professional and integrite and avareness of local and provide accounting additing and other related services in a professional and interpret facts and figures iv) Able to identify, evaluate clients and assume responsibility for accounting, additing and other related services in a professional and other related services in a p			High	Medium	Low	
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iii) Able to establish and maintain interpersonal relationships						
with courtesy, honesty and integrity						
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	LIST OF COMPETENCIES TO BE	EVALU	JATED		· · ·
	Competencies		oficiency Le	vel	Evaluator's Signature
		High	Medium	Low	
v)	Able to manage the accounting function of an organisation or				
	a professional services practice				
vi)	Able to analyse and critique emerging technologies useful for				
	accounting and performance measurement.				
E.	Auditing				
i)	Has good working knowledge and can evaluate and apply				
, i i i i i i i i i i i i i i i i i i i	International Standards on Auditing (ISA) and related				
	publications of the International Federation of Accountants				
	(IFAC) and the Jamaican Companies Act.				
ii)	Can evaluate clients' auditing needs to determine the nature				
	and scope of audit engagements				
iii)	Can identify and evaluate risk and business issues in				
	connection with audit engagements				
iv)	Able to plan, manage and control audit work effectively and				
	efficiently.				
v)	Able to record audit work, evaluate evidence and results of				
	analysis				
vi)	Able to draw conclusions concerning the adequacy of the				
	clients' accounting systems as well as whether the financial				
	statements comply with applicable accounting standards				
vii)	Able to prepare and discuss audit reports on whether clients'				
	financial statements give a true and fair view of the				
	organisation's operations and financial position with clients				
	and other stakeholders as required				
viii)	Able to manage audit function in a professional accountancy				
	practice.				

- 4. I have checked and signed the appropriate sections specified on the list of competencies noted. \Box Yes \Box No
- 5. I have reviewed the application form completed by the applicant and hereby state that to the best of my knowledge and belief the responses included therein are accurate. 🗆 Yes 🗆 No
- 6. I confirm that the information given in this form is true, accurate and complete to the best of my knowledge and belief. 🗆 Yes 🗆 No
- 7. In my opinion this applicant has acquired 75 % or more of the listed competencies to at least a medium level of proficiency and has thus demonstrated to my satisfaction that he/she has the professional knowledge, professional skills, professional values, ethics and attributes required to competently perform the work of a Registered Public Accountant:

Name and signature of the registered public accountant who both supervised applicant and completed this form:

Print Name_____

Signature_____ Date Signed_____
