



Public Accountancy Board

A STATUTORY BODY UNDER THE MINISTRY OF FINANCE AND THE PUBLIC SERVICE

CERTIFICATE OF REGISTRATION APPLICATION PROCESS

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The application must be completed electronically, saved in Soft Copy, returned to cnrodney@gmail.com and accompanied by:

- ◆ Deposit slip from BNS
- ◆ Evaluation Form (s) in soft copy
- ◆ Employment History form in soft copy
- ◆ Continuity of Practice Agreement in soft copy
- ◆ A Police Record which is valid for six months

APPLICATION FORM FOR ISSUANCE OF CERTIFICATE OF REGISTRATION

INFORMATION & INSTRUCTIONS

This form must be completed **ONLINE** on the Board's website in print/block letters and submitted with all the requisite documents to the Public Accountancy Board, for processing. Complete electronically, save in Soft Copy, then return: Application Form, Deposit slip from BNS, Evaluation Form (s) in soft copy, Employment History form in soft copy, Continuity of Practice Agreement in soft copy to cnrodney@gmail.com. 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. The required fee of \$55,000.00 (fifty-five thousand dollars), is to be paid to the Public Accountancy Board by making a direct deposit to the account of the Public Accountancy Board Account No 8032 27 at the Bank of Nova Scotia, Scotiabank Centre, Duke and Port Royal Streets. The Branch number is 50765. You will need to attach a copy of the deposit slip to the application. 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:

Surname	First Name	Middle Name	Title: (Mr/Mrs/Miss)

2. Home Address:

Building & Street	
Town/City	Parish

3. Mailing Address:

Building & Street	
Town/City	Parish

4. Business Address:

Building & Street	
Town/City	Parish

5. Telephone Numbers:

	Home	Office	Mobile
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6. Email Address:

7. Date of Birth:

Day/Month/Year

8. Taxpayer's Registration Number

9. Town/City & Country of Birth:

10. Nationality

PRACTISING INTENT

11. I intend to practice in the area of public accountancy as a:

Sole Practitioner

Employee in the firm of

Part-time Practitioner

I have completed, signed and enclosed a Continuity of Practice Agreement.

PREVIOUS AUTHORISATION

12. Have you previously applied for a licence/certificate from the Public Accountancy Board?

Yes

No

If the answer to the question is "yes", please indicate the date of the previous application. If the application was not successful, please indicate the reason why the application was not approved. If the application was approved, please indicate the reason for this new application.

AFFILIATION WITH QUALIFYING PROFESSIONAL ACCOUNTANCY BODY

13. I am a member in good standing with following qualifying body

having been admitted to membership in the year

14. I hereby provide authorization for confirmation as to whether or not I (the applicant) am a member in goodstanding with the following professional accounting organization.

Organization's Name

Mailing Address

Town/City

Parish

Office Number

Email Address

FIT AND PROPER REQUIREMENTS

15. **Fit and Proper Person**

Have 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 organization? | Yes | No |

16. Are there any criminal charges or professional disciplinary proceedings pending against you?

Yes No

If yes, please provide details and attach other pages(s) as needed.

17. Has any licensing or disciplinary authority ever refused to issue you with a licence or revoked, cancelled, accepted surrender, 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 pages(s) as needed.

18. 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 at least five (5) years. The references need to be any of the following persons:

- Registered Public Accountant
- Attorney-at-Law
- Justice of the Peace
- Minister of Religion

In supplying their names, you hereby give authorization 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:

Building & Street

Parish

Telephone Numbers (Day time):

Email address:

Name:

Address:

Building & Street

Parish

Telephone Numbers (Day time):

Email address:

CONTINUITY OF PRACTICE

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

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

Yes See copy of relevant documentation attached

No

Notification

- 20.** I agree to comply with any and all notification requirements, included in the Public Accountancy Act, and Regulations: will provide such notification within 30 days of the event (e.g. change in name of composition of the firm or partnership as well as a change of address)

Yes No

Maintenance of Competence

- 21.** 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 Public Accountancy Board or by the membership regulations of _____, the qualifying professional body with which I am affiliated, as an underlying condition of this application.

Yes No

Conduct of Public Practice

- 22.** I will comply with the rules of professional conduct issued by the Public Accountancy Board.

Yes No

I also agree to comply with the requirements of the PAB AML Guidance Notes Yes No

Professional Indemnity Insurance

- 23.** 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.

Yes No

EDUCATION

Applicants must have passed the subject "Auditing" in these examinations and in the case of the ACCA, the applicant must have satisfactorily completed Auditing 'Paper P7'.

- 24.** By what route did you become a member of the body referred to at question 13 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).

The details of my educational qualification(s) in support of this application are as follows:

Educational Qualification(s)	Educational Institution	Date Qualification(s) Obtained

EXPERIENCE

25. 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.

(a) 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 two registered public accountants.

(b) As I have worked under the supervision of only one Registrant, I have worked under him/her for at least 36 months after admission to membership of the qualifying accountancy body.

26. With respect to my qualifying experience, I have attached completed evaluation report(s), in the required format, from two/one registered accounting practitioner(s) with whom I have worked and have accumulated the required number of years of audit and accountancy experience at a senior level. These practitioners have received a satisfactory rating from the Senior Practice Reviewer under the Practice Monitoring Programme. I hereby give authorization for these/this person(s) to be contacted:

Name:

Address:

Building & Street

Telephone Number (Day time)

Name:

Address:

Building & Street

Telephone Number (Day time)

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 organizations
- Reviewed and approved the financial statements, including disclosure requirements based on prevailing GAAPs for commercial and/or governmental organizations
- Reviewed and coordinated the preparation of working papers for the approval of the registered public accountant who has responsibility for such audits.

CONFIRMATION & DECLARATION

27. 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 of each year, for which an annual fee, determined by the Public Accountancy Board is payable.

Yes No

28. 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.

Yes No

29. I enclose a Police Record which is dated within six (6) months of this application.

Yes No

30. I have enclosed the amount of _____ for application fee and registration fee.

Yes No

31. 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.

Yes No

Date:

Applicant's Signature:

(Signature as an image)

Digital Signature: