

## Candidate Program Leave Application Form

*Candidates in CPA PEP with documented special circumstances may be eligible to take a minimum of **six months** and a total of **up to 24 months** as a temporary program leave. During a temporary program leave, candidates cannot participate in education (CPA modules, exams, or the CFE) and cannot report any experience accrued during the leave period. Temporary program leave periods do not count towards the six-year education completion deadline or seven-year experience completion deadline.*

This form must be completed and submitted to [cpaapplication@cpaweb.ca](mailto:cpaapplication@cpaweb.ca) along with documentation supporting the temporary program leave, such as a doctor's note for periods of prolonged illness. Please [see our website](#) for additional eligibility information. If you are unsure if you may qualify for a temporary program leave, please reach out to [cpaapplication@cpaweb.ca](mailto:cpaapplication@cpaweb.ca) to discuss.

The CPAWEB Admissions Services team will review your request form along with your documentation. They will then complete Section 4, confirming your new completion deadlines based on your submission.

### 1. CANDIDATE INFORMATION:

Legal First Name:

Legal Last Name:

CPA number:

### 2. TEMPORARY PROGRAM LEAVE INFORMATION

Proposed start date of program leave: (mm/dd/yyyy):

Proposed end date of program leave: (mm/dd/yyyy):

Reason for request:

### 3. CANDIDATE DECLARATION

Please initial each statement below (do not use an 'x') and sign and date at the bottom:

I understand that temporary program leave must have a duration of at least six months to be considered.

I understand that the total length of all temporary program leave cannot exceed 24 months.

I understand that my experience must meet the currency requirements in section 2.5.2 of CPA PER.

I understand that temporary program leave requires supporting documentation and will provide documentation when submitting this request.

I understand that while on temporary program leave, I must pay dues and must re-enroll with the school each year.

Signed:

Date:

### 4. CPAWSB INTERNAL USE ONLY

**Approved:** Yes      No

**Documentation Verified:** Yes      No

**Type of Documentation Submitted:**

**Verified By:**

**New Deadline for Education (mm/dd/yyyy):**

**New Deadline for Experience (mm/dd/yyyy):**

**Notes:**