CHARTERED PROFESSIONAL ACCOUNTANTS NEWFOUNDLAND AND LABRADOR

Chartered Professional Accountants of Newfoundland and Labrador
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Continuing Professional Development (CPD) Plan to Remedy Form

Member's Full Name: _____ CPA NL ID: _____

Each year, all members must submit a CPD report to the Chartered Professional Accountants of Newfoundland and Labrador (CPA NL).

Complete this form if you did not meet the annual CPD requirements and plan to do so (see reverse for additional details regarding CPD requirements and what qualifies as verifiable CPD). All information and documentation required by this declaration must be submitted in full by the Member no later than January 31st annually per By-law 314(2). Per By-law 315(1), in the event a Member fails to comply with the reporting requirements as required in By-law 314(1) and (2), the Chief Executive Officer, or his/her designate, shall forthwith send by registered mail to the designated address, pursuant to By-law 106, a notice to the effect that unless the Member complies with the reporting requirement within thirty (30) days from the date of such notice, any or all of his/her rights and privileges as a Member under the Act and the By-laws will be automatically suspended.

Complete the Sections that Apply

Verifiable CPD

☐ **I DO NOT COMPLY.** I have not completed the minimum **verifiable** CPD as required under By-law 312. I agree to resolve the deficiency and report compliance to CPA NL by October 31st. I understand that I must also be in compliance with the minimum ethics CPD as required under By-law 312 for the upcoming December 31st reporting period.

Unverifiable CPD

☐ **I DO NOT COMPLY.** I have not completed the minimum **unverifiable** CPD as required under By-law 312. I agree to resolve the deficiency and report compliance to CPA NL by October 31st. I understand that I must also be in compliance with the minimum verifiable and ethics CPD as required under By-law 312 for the upcoming December 31st reporting period.

Ethics CPD

☐ **I DO NOT COMPLY.** I have not completed the minimum **ethics** CPD as required under By-law 312. I agree to resolve the deficiency and report compliance to CPA NL by October 31st. I understand that I must also be in compliance with the minimum verifiable CPD as required under By-law 312 for the upcoming December 31st reporting period.

Declaration

I understand that the CEO, or designate will notify me of the acceptance of this plan. To be considered for approval, this plan must contain sufficient detail to show how the required CPD will be completed. I understand that I must complete the CPD related to the deficiency and report the details of the same to CPA NL by October 31st. The report is to be submitted via the online reporting tool at mycpawebservices.ca.

I acknowledge and accept that if I fail to complete an approved plan to remedy my membership may be suspended.

I have read and understood this document in its entirety and request that my plan to remedy be accepted. I agree to make up my shortfall in CPD and notify CPA NL as set out in this plan.

Print Full Name	Signature	Date

CPA CHARTERED PROFESSIONAL ACCOUNTANTS NEWFOUNDLAND AND LABRADOR

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This form is mandatory and must be completed in sufficient detail to show how the required CPD will be completed.

Plan to Correct Prior Year Deficiency - Please Indicate which year _____

Date(s) or Latest Date	Course Name or Subject Area	CPA Provider or sponsoring organization	Expected Verifiable Hours	Expected Unverifiable Hours	Expected Ethics Hours

Total Hours 0

Plan to Meet Current Year and Rolling 3 year requirements within calendar year

Date(s) or Latest Date	Course Name or Subject Area	CPA Provider or sponsoring organization	Expected Verifiable Hours	Expected Unverifiable Hours	Expected Ethics Hours

Total Hours 0

Print Full Name _____ Signature _____ Date _____