Chartered Professional Accountants of Ontario
69 Bloor Street East Toronto ON M4W 1B3
T. 416 962.1841 Toll free 1 800 387.0735
Email transcripts@gocpaontario.ca
goCPAontario.ca

Transcript Reassessment Form

CPA Ontario No.: | | | | | | | | |

Applicability:

Transcript Reassessment Form is to be used to request a reassessment of your transcript(s) and supplementary documentation.

Important Update: As of **August 1, 2016**, transcript reassessments have a $150 fee (plus HST). CPA Ontario will send you an email containing a link to the payment page within five business days after receiving your complete package. To ensure a timely result, please pay the fee promptly as your assessment will only begin once payment and all required documentation has been received. If payment is not received within 30 days of the email, the reassessment will be cancelled. Please visit *Get Started Today* for more information.

Note: Include all *supplementary documentation* as applicants will be charged the reassessment fee each time if additional document(s) are submitted after your transcript assessment results have been sent out. All documents submitted with your reassessment and previous assessment(s) will be assessed.

A full reassessment will be performed using all documents submitted to date, including those used in the original assessment.

Before submitting the Transcript Reassessment Form, be sure to review the *CPA approved course grids* and learn more about the prerequisite requirements needed for entrance into the CPA Professional Education Program (PEP). To learn more about the various paths for the CPA Certification Program, please refer to the *CPA Path Decision Tree*.

Use this form if:	Do not use this form if:
▪ Your transcript assessment has exceeded the one year assessment validity. Transcript assessment results confirming eligibility to enrol in the CPA program are valid for one calendar year from the date of the assessment letter. ▪ You completed prerequisite education since your last assessment. ▪ You are submitting additional document(s) that were not submitted in your previous assessment. ▪ You have received the result of your transcript assessment and wish to have another transcript assessment performed.	▪ You are enrolled in or have an intention to complete an *Ontario CPA Accredited Program*. For more information, view *Ontario CPA Accredited Programs*. ▪ If you have recently completed your degree and submitting your official transcript showing degree conferral.

Method of Submission:

Email	Fax	Regular Mail
All CPA reassessment requests should be submitted via e-mail directly to *transcripts@gocpaontario.ca* with the subject line: **CPA Transcript Reassessment Request**.	416 962.8900	Chartered Professional Accountants of Ontario Attn: Academic Transcript Assessment Team 69 Bloor Street East, Toronto, ON M4W 1B3

CHARTERED PROFESSIONAL ACCOUNTANTS ONTARIO

Transcript Reassessment Form

CPA Ontario No.: ☐☐☐☐☐☐☐☐

A. Personal Contact information

Last name: _____ First name: _____

Street Address/PO Box/rural route/lot #: _____

City/Town Municipality: _____ Province/State: _____ Postal code: _____

Country: _____

Preferred telephone number: _____ Preferred email address: _____

Note: the information provided here will be considered your preferred contact information. Be sure to contact customerservice@cpaontario.ca with any changes.

☐ By entering my electronic contact information above and signing below, I consent to the collection, use and disclosure of the personal information provided as described in the CPA Ontario Privacy Policy, and I agree that CPA Ontario may contact me at the electronic contact information provided about its products and services or for other promotional purposes. Furthermore, I confirm that I own and/or am authorized to use the electronic contact information I have provided. I acknowledge that I may withdraw my consent at any time by contacting CPA Ontario at *CASL@cpaontario.ca* or by mail at CPA Ontario – Marketing & Communications, 69 Bloor Street East, Toronto, ON M4W 1B3.

B. Indicate the Type of Reassessment Request

Please select the reassessment type that applies and include the following information (as applicable) in your submission.

☐ My transcript assessment has exceeded the one year assessment validity

- Please provide date of previous assessment ____ / ____ / _____
  Date (mm/dd/yyyy)
- Include the completed Transcript Reassessment Form
- Include transcripts and/or supplementary documents for any prerequisite courses completed since your last assessment

☐ I completed prerequisite education since my last assessment

- Include the completed Transcript Reassessment Form
- Include transcripts and/or supplementary documents for any prerequisite courses completed since your last assessment

In the space provided below, please list the course(s) that you would like to have assessed.

☐ I am submitting additional document(s) that were not submitted in my previous assessment

- Include the completed Transcript Reassessment Form
- Include updated transcripts and/or supplementary documents that were not submitted in your previous assessment

In the space provided below, please list the document(s) that you are submitting for assessment.

CPA CHARTERED PROFESSIONAL ACCOUNTANTS ONTARIO

☐ I have received the result of my transcript assessment and wish to have another transcript assessment performed.

- Include the completed Transcript Reassessment Form
- Include any additional transcripts and/or supplementary documents documents (if applicable).

In the space provided below, please indicate the exemptions you believe that you should have been granted credit for in your previous assessment. Indicate the course codes as show below.

For example: I completed Statistics ECO 2201 & ECO 2202 at University of XYZ and the exemption was not granted.

☐ All other reassessment requests:

- Include the completed Transcript Reassessment Form
- Include all transcripts and/or supplementary documents for any prerequisite courses completed since your last assessment (if applicable)

In the space provided below, please provide a detailed explanation for your reassessment request.

Additional Notes:

- Once your reassessment is complete, you will receive an updated transcript assessment result confirming eligibility to enrol in the CPA program. This reassessment result will replace your previous CPA Ontario Transcript assessment result and is valid for one calendar year from the date of the reassessment letter.
- Please note that all documents submitted for a transcript assessment become the property of CPA Ontario and will not be returned.
- A transcript assessment is carried out under the rules and regulations in place at the time of the assessment.
- A full reassessment will be performed using all documents submitted to date, including those used in the original assessment.

Privacy Statement:

CPA Ontario is committed to respecting your privacy and protecting your personal information. The collection, use and disclosure of your personal information that may be made by CPA Ontario is described in the CPA Ontario *Privacy Policy.* The information collected in this Form 6-1A (P1) is used primarily for the purposes of an individual's assessment.

Questions:

For questions, please contact *transcriptregistration@cpaontario.ca* with the subject line **CPA Transcript Reassessment Request – Inquiry**

Print Full Name of Applicant

X _____ Signature

___ / ___ / ____ Date (mm/dd/yyyy)