

Professional Development Declaration Report

This form is to be completed by individuals applying for the first time or who are requesting to renew their public accounting licence as may be required by the Public Accountants Board of Nova Scotia

Incomplete submissions will result in a delay in processing your public accounting licence application and may result in your license being denied by the Public Accountants Board Licensing Committee.

Personal Information

Name

(surname / first name / middle name)

Name of practice

I declare that I have completed _____ hours of relevant verifiable professional development in the past 12 months and _____ hours in the past 36 months.

I declare that the information contained on this form is true and complete.

Print Full Name

X _____
Signature

Date (mm/dd/yyyy)

NOTE

The Public Accountants Board Licensing Committee may request documentation where they deem it necessary.