

## Experience Route to the CA-designated IT Specialist

### Experience Route Candidates

All CA•IT candidates must have:

1. Been working in one or more of the six major competency areas described in the IT Competency Map for at least the last five years.
2. Spent a minimum of 5,000 hours in qualifying work experience and 200 hours in continuing professional development during the last five years.
3. Been a CA in good standing with their respective Provincial Institute/Ordre over the last five years.

Additional information is available in the IT Competency Map, available on the CA•IT website at: [www.cica.ca/it](http://www.cica.ca/it)

### The Application Process

The Certification Committee of the Alliance for Excellence in Information Technology (IT Alliance) reviews all applications received. Only those individuals who meet the admission criteria are recommended to the IT Alliance Board for designation. The Certification Committee determines and monitors the designation processes and procedures. It also determines and monitors the annual certification maintenance processes and procedures. An applicant will be notified of the Committee's recommendation following its decision.

### Fees

The application fee for the CA•IT Specialist designation is \$500.<sup>00</sup> (plus applicable taxes). Annual fees for CA•IT Specialists are \$350.<sup>00</sup> (plus a \$50.<sup>00</sup> Provincial Institute / Ordre registration fee all subject to applicable taxes). Specialists are billed through their respective Provincial Institute / Ordre.

### The Application Form

Please ensure the following sections are completed:

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|----------------------------------|--|
| <b>I: Contact Information</b>    | <b>IV: References &amp; Additional Information</b> |
| <b>II: Peer Recognition Form</b> | <b>V: Ethics &amp; Affirmation</b>                 |
| <b>III: Curriculum Vitæ</b>      | <b>VI: Application Fee</b>                         |

Mail your completed application package to the IT Alliance at:

**IT Alliance: Certification Committee**  
**CICA**  
**277 Wellington Street West**  
**Toronto ON M5V 3H2**

If you have any questions about the application form or process, please contact the IT Alliance by e-mail at [IT.Alliance@cica.ca](mailto:IT.Alliance@cica.ca) OR call Marisol Arroyo, Alliance Coordinator at 416-204-3344.

## I: Contact Information – Personal – please print

Name _____			_____			_____		
Last/Family			First/ Given name			Middle Name		
Prefix _____			_____			_____		
(Mr., Ms., Mrs., Dr.)			Name you are known by					
<input type="checkbox"/> Male <input type="checkbox"/> Female			MM   DD   YY Date of Birth			CICA # _____		
Other Professional Designation(s) Check all that apply.			<input type="checkbox"/> CIA <input type="checkbox"/> CISA <input type="checkbox"/> CISSP <input type="checkbox"/> CPA <input type="checkbox"/> PhD			Or specify if not listed: _____		
Home Address _____						Home Phone _____		
City _____			Province _____		Postal Code _____		Country _____	
Preferred Language for Communication .....						<input type="checkbox"/> English..... <input type="checkbox"/> French		
Preferred Mailing Address for Specialization-related mailings .....						<input type="checkbox"/> Business..... <input type="checkbox"/> Home		
Which address would you like published in the IT Alliance Specialist Directory? .....						<input type="checkbox"/> Business..... <input type="checkbox"/> Home		
						<input type="checkbox"/> Other..... <input type="checkbox"/> None		

## Contact Information – Business – please print

Employer or Organization Name _____			
Title _____			
Business Address _____			
Business Address 2 _____			
City _____		Province _____	Postal Code _____
		Country _____	
Business Phone _____		Extension _____	Business Fax _____
Business E-mail			
NOTE: E-mail is the primary form of communication used by the IT Alliance. Subsequent communications (such as requests for additional information and reminder notices regarding fee payment) will be sent via e-mail.			
Please check here if you do <u>NOT</u> wish to be contacted by email..... <input type="checkbox"/>			
Alternate E-mail _____		Web Site _____	
Business Sector <input type="checkbox"/> Public Practice <input type="checkbox"/> IT Consulting <input type="checkbox"/> Industry <input type="checkbox"/> Education Check only one.			
<input type="checkbox"/> Government <input type="checkbox"/> Other, please specify _____			



**III: Curriculum Vitæ**

Please attach a copy of your curriculum vitæ (3 pages maximum), ensuring that your employment and education history is shown as well as a summary of major responsibilities and/or accomplishments as those responsibilities relate to the IT Competency Map.

**IV: References and Additional Information**

Please attach 2 letters of reference from colleagues who can attest to your professional experience.

**Main Areas of Practice in IT:** (Please check all that apply.)

<input type="checkbox"/>	1 Business Information Technology Strategic Planning
<input type="checkbox"/>	2 Enterprise Information Technology Architecture
<input type="checkbox"/>	3 Business Process Enablement
<input type="checkbox"/>	4 System Development, Acquisition, Implementation, and Project Management
<input type="checkbox"/>	5 Information Systems Management
<input type="checkbox"/>	6 System Reliability
<input type="checkbox"/>	7 Other (please specify) _____

Please note any other information that you feel would be of assistance to the Certification Committee when considering your application to be recognized as a CA-designated IT Specialist.

**Academic, Business or Professional Awards and Achievements:**

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**Other Professional Activities:**

Please provide a list of IT-related professional activities in which you are involved such as: committee involvement, articles you have written or courses you have delivered and, where relevant, include copies of such articles or course materials. (Note – This material will not be returned.)

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**V: Ethics & Affirmation**

I confirm that I am currently a member in good standing with the

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Name of Provincial Institute or Ordre of Chartered Accountants

I further confirm that I have been a member in good standing with my Provincial Institute / Ordre for at least five years preceding the date of this application.

This form constitutes my official submission of the Experience Route Application to become a Specialist member of the Alliance for Excellence in Information Technology.

I affirm that, if accepted as a Specialist member of the Alliance for Excellence in Information Technology, I will agree to comply with the requirements of the Alliance.

By submitting this form to the Alliance, I attest that, to the best of my knowledge and belief, all information provided on this form is true and correct.

I recognize that the provision of false or misleading information or documentation, and the omission of relevant information or documentation in conjunction with this application, is a serious matter and that, if such provision or omission is suspected, the Alliance will submit the matter to the professional conduct committee of the Provincial Institute / Ordre of which I am a member.

I understand that the Canadian Institute of Chartered Accountants (CICA) will use this information for administrative purposes only and that the information will remain confidential.

I acknowledge that all decisions made by the IT Alliance with regard to this application are in its discretion and will not be not subject to appeal or other review by any body outside of the IT Alliance.

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Signature

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Date

**VI: Application Fee**

The CA•IT Application Fee is **\$500.00** (plus applicable taxes)

Please remit the following amount:

**\$565.00** (which includes \$65.00 HST) for residents of Newfoundland and Labrador, New Brunswick and Nova Scotia.

**OR**

**\$564.38** (which includes \$25.00 GST and 39.38 QST) for residents of Québec.

**OR**

**\$525.00** (which includes \$25.00 GST) for residents of all other provinces/territories.

Note: The Application Fee is non-refundable.

**Payment Method:**

I have enclosed a cheque for \$\_\_\_\_\_ made payable to the CICA.

Please bill my  Visa  MasterCard in the amount of \$\_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_  
Please print

Signature of Card Holder: \_\_\_\_\_

**GST/HST # R106861578**

**QST # 1010544323TQ0001SS**

**PRIVACY CONSENT**

In completing this application form, I consent to CICA collecting and using the above information and disclosing it to other third party service providers for the purpose of (1) providing me with the service for which I have contracted, and (2) providing me with information as to products and services CICA feels may be of interest to me. Should you have any questions on the collection, use and disclosure of your information, view the CICA's privacy policy at [www.cica.ca](http://www.cica.ca). Please check the box should you not wish your personal information to be

used and disclosed for the purpose set out in (2) above: