**Lao People's Democratic Republic.**

**Peace Independence Democracy Unity Prosperity**.



ສະພາວິຊາຊີບ ນັກບັນຊີ ແລະ ນັກກວດສອບ

Lao Chamber of Professional Accountants and Auditors

No......................./LCPAA

Vientiane Capital, date...................

Photo

3x4 cm

**Registration Application Form**

**For the Reduction**

**in the Duration of the Practical Training**

1. **Personal information**

Name and Surname: .................................................................................................................................

Date of Birth: …………………………………………………………………………………………...

Nationality: .............................................................................................................................................

* **Place of Birth**

Village: …………………………...…………… District/City: ……………………………………….

Country: ……………………………………………………………………………………………….

* **Current residential address**

Village: ……………………………………………………………………………………………….

District/City………………………………………………,Province/State……………………………postal code: ………………………………….. Country: ……………………………………………..

* **Education & Qualification**
* Your field of study: ……………………………………………………………………………….

Your highest education…………………………………, at (the institute): ………………………, in (country): ………………………………………………………………………………………

* Joined Certified Public Accountant Professional Training Program Batch: ………………………

Year of completion: ………………..……………., CPA Student ID: . ………….………………, Certificate of completion of the CPA Professional Program’s No: .………………………………

* **Email address**

Personal Email: ………………………….……………………………………………………………

Office Email: ……………………………………..…………………………………………………..

* **Telephone no:**

Personal telephone number: …………………………….…………… WhatApps No: ………………

Office telephone number: ……………………………………………………………………………..

1. **Working information**

Are you a self-employed?

(…) Yes (Please refer to Letter **a**)

(…) No (Please refer to Letter **b**)

1. **The information of your firm**
2. Firm’s name: ………………………………………………………………………………………...
3. Your firm’s LCPAA membership number (if any): …………………………………………………
4. Your firm’s Tax Identification Number (TIN): ……………………………………………………...
5. Type of activities: …………………………………………………………………………………...
6. Year of establishing your firm…………………..………………………………………………….
7. Number of employees in your organization…………………………………………………………
8. Your firm’s current address…………………………………………………………………………

………………………………………………………………………………………………………

1. **The information of your current working place**
2. Name of Organization……………………………………………………………………………….
3. Current position………………...........................................................................................................
4. Organization’s address: …………………………………………………………………………….

…….………………………………………………………………………………………………………………………………………………………………………………………………………………..

1. How long have you been working here?: ……………………………………………………………
2. Employers’ contact information,

Name and surname of employer……………………………………………………………………….

Email address: …………………………………….…………………………………………………….

Telephone number: ………………………………..……………………………………………………

1. **Mentor information**

Have you identified a mentor?

(…) Yes (Please refer to (**a**))

(…) No (Please refer to **b**)

1. **Mentor’s contact information**
2. Name and surname of Mentor………………………………………………………………………
3. Name of organization………………………………………………………………………………….
4. Email address………………………………………………………………………………………….
5. Telephone Number: ……………………………………WhatsApp No: .………….………..………
6. **If you haven’t identified a mentor** you may apply to be mentored by a remote mentor you will select on the list established by the Education Committee. In this case, you will be asked to pay fees to the LCPAA for this service.

In this case you may contact the Remote mentor to be your mentor by choosing one of the suitable mentors on the list provide by LCPAA and ask mentor to provide letter to prove that he/she agree to be your mentor.

1. **Practical Training Route**

 Please Indicate which Practical Training Route you have chosen

 **Route** : **🞎 Auditing 🞎 Accounting 🞎 Corporate Management**

Choose your option area: ………………………………………………………………………

1. **Reduction in the Duration of Practical Training**

In order to apply for the practical training reduction, you must provide verifiable evidence of professional experience, at least in the main technical areas of the Practical Training route you have selected. This experience must have been obtained over a 36-month period of time during the 60 months preceding the date of the Practical Training registration application.

1. **Do you have working experience in areas below?**

 (…) Yes in both Accounting and Auditing work (Please refer to (1) & (2))

 (…) Yes in Accounting work (Please refer to (2))

 (…) Yes in Auditing work (Please refer to (2))

 (…) No in both areas (Please refer to (2))

1. Will you be able to obtain certified written evidence issued by the management of the workplace your practical training will be taken place in, indicating tasks carried out by the person concerned, as defined in a separate LCPAA regulation on practical training.

(…) Yes

(…) No

1. What is your highest position in one/both areas? (you can choose more than 1)

(…) Audit Manager

(…) Accounting Manager

(…) Senior Auditor

(…) Others, please indicate…………………………………….

At……………………………………., date: ,………………

Signature of applicant

**Supporting document**

1. 2 (3x4 cm) photos
2. Copy of the certificate of completion of Certified Public Accountant Professional Training Program
3. Copy of ID/passport
4. Acceptance letter from mentor
5. Provide your signature on written statement on the trainee’s commitment to strictly comply with all the requirement of this regulation **(Commitment Statement)**
6. Written statement on trainee’s experience claiming (for reduction in the duration of practical training) **(Experience Claiming)**
7. Payment slip of required fees.

**Supporting document for Reduction Request**

1. Employment Contracts / Employment attestations.
2. Job description certified by the employer

**For Education Committee only\***