



Practice Inspection Program

Declaration for Exemption

Your Name: _____

Please read the following and check which one best describes your status with respect to the practice of public accounting.

1. I have not performed, as a sole practitioner or engagement partner, any audit, review or compilation engagements during the past twelve months. Should I perform such engagements in the future, I agree to advise the Director of Members' Services / Practice Advisor.	Yes
or	
2. I have not performed any audit, review or compilation engagements during the past twelve months as a sole practitioner or an engagement partner. Any such work has been performed on a per diem basis on behalf of other sole practitioners or engagement partners who sign the appropriate communications [i.e. auditor's reports, review engagement reports, notice to readers]. Should I perform such engagements as a sole practitioner or engagement partner in the future, I agree to advise the Director of Members' Services / Practice Advisor.	Yes
or	
3. I have resigned from public practice so that I am no longer performing, as a sole practitioner or an engagement partner, any audit, review or compilation engagements and have no intention of performing such engagements in the coming year. Should I resume the performance of such engagements, I agree to advise the Director of Members' Services / Practice Advisor.	Yes

(If you are submitting this form electronically, this page, with signature, must be faxed to the Institute at 943-7119.)

I confirm that the information I have provided is correct and current.

Signature _____ Date _____