**Guide for Provision of Information for   
Renewal of Registration as an Authorized Employer ("AE")/ Authorized Supervisor ("AS")**

For renewal of registration as an AE/ AS, the AE/ AS should demonstrate compliance with the principle of the [Practical Experience Codes and Guidelines](https://www.hkicpa.org.hk/-/media/HKICPA-Website/New-HKICPA/Become-a-Hong-Kong-CPA/Qualification-Programme/Practical-Experience-Framework/Guidance-Notes-for-SelfAssessment.pdf?la=en&hash=ED9BF70D77B11B1DE57777016E36F7AC) in all material aspects.

AE/ AS should complete this Guide for Provision of Information for the Institute's assessment. We may contact you if further information, clarification or supporting document is required in relation to your renewal.

**Personal Data (Privacy) Ordinance**

All information provided in this form will be used by the Institute or its agent for the purposes relating to the administration of the practical experience requirements for membership admission under the Professional Accountants Ordinance and Professional Accountants By-laws.  By completing the form, you agree that the staff of the Institute or its agent may use your personal data for the purposes specified above.

Please refer to the Institute's privacy policy and personal information collection statement on its website at: <https://www.hkicpa.org.hk/en/Tools/Privacy-policy>.

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| **AE/ AS Number:** | Click or tap here to enter text. |
| **Name of Member-In-Charge ("MIC")/ AS:** | Click or tap here to enter text. |
| **Name of the organization:** | Click or tap here to enter text. |

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|  | **In regard to (i) Quality control pertaining to training and work environment;  (ii) Training personnel (e.g. MIC, MIC Deputy, Counselor or AS); and  (iii) Performance appraisal system since the last update of authorization status,** |
|  | 1. **Has the organization made any substantial changes in the above aspects, which may affect the consideration of the suitability of AE/ AS?  If yes, please describe the nature and scope of these changes.** |
|  | Yes / No (Please delete as appropriate) |
|  | 1. **Has the organization implemented or planned to implement any improvements in the above aspects? If yes, please specify the details. If no, please state the rationale.** |
|  | Yes / No (Please delete as appropriate) |

1. **Professional ethics and eligibility of organization and training personnel**

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|  | **Have the organization or training personnel (e.g. MIC, MIC Deputy, Counselor or AS) been the subject of any past disciplinary sanctions or ongoing investigationsNote by the accountancy or regulatory bodies (e.g. disciplinary sanctions made by the HKICPA, the Accounting and Financial Reporting Council ("AFRC"), the Securities and Futures Commission ("SFC "), the Hong Kong Stock Exchange ("HKEX") or other overseas regulatory bodies)?**  **If yes, please specify the nature and details of each case and the rectification plan (if any).**  **Note:** Please be mindful of any restrictions or prohibitions regarding the secrecy or disclosure of that information by the relevant regulatory bodies. |
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|  | Yes / No (Please delete as appropriate) |
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|  | **Have the training personnel (e.g. MIC, MIC Deputy, Counselor or AS) had any significant internal regulatory records which may affect the consideration of the suitability of their roles of training personnel?**  **If yes, please specify the details and the rectification plan (if any).** |
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|  | Yes / No (Please delete as appropriate) |
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1. **Training and work environment**

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|  | **Please briefly describe the types of training (e.g. on-the-job, in-house or external) offered to your staff including QP students, and elaborate the details of training (topics, frequency, mode of delivery (e.g. face to face or e-learning), etc.).** |
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|  | Click or tap here to enter text. |
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|  | **Please elaborate how Counselors/ AS maintain the professional competence for fulfilling their training role (e.g. attend technical update training, counseling skills training, time management training, any tools to aid Counselors/ AS to perform review meeting with QP students, etc.).** |
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|  | Click or tap here to enter text. |

1. **Performance appraisal system**

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|  | **Please describe the process of performance appraisal in your organization (e.g. methods, frequency, criteria used and procedures of performance appraisal, etc.).** |
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|  | Click or tap here to enter text. |
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1. **Monitoring of QP student’s practical experience**

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|  | **How often do Counselors/ AS plan to meet with QP students to review and discuss the work progress against the competence requirements under the Practical Experience Framework?** |
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|  | Click or tap here to enter text. |
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|  | **How will AE/ AS keep track and document the QP student’s progress to ensure the fulfillment of the practical experience requirements?** |
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|  | Click or tap here to enter text. |
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|  | **Are there any procedures to ensure that the Institute’s Practical Experience Training RecordsNote of the QP students to be reviewed and signed off periodically, at least on an annual basis?**  **Note:** The online/ paper record of time input and competences acquired during the Practical Experience Period to be prepared by a QP student and signed off by an AE/ AS as evidence of achieving the practical experience requirements for HKICPA membership application. |
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**END**