

MICPA-CAANZ Programme - Candidate Practical Experience Logbook

Guidance Notes (please delete this after completing your details below):

All students must maintain regular, periodic and consistent records of their practical work experience throughout their three full year of practical work experience. This is a requirement prescribed by [IFAC's International Education Standards \(IES\) 5](#). MICPA will require all students to submit their work experience logbook at the end of their three year practical work experience, when they are applying for their membership.

All work experience should be logged and signed-off by a designated mentor preferably every 6 months. Should there be a change of approved training employer, students will need to create additional 'blocks'

Student Name	
MICPA Student ID	
Practical Experience Start Date	
Practical Experience End Date	

Experience Log

Name of Approved Training Employer				<state company name>	
Date/Duration of service					
Role	From (dd/mm/yy)	To (dd/mm/yy)	Duration (years, months)	Nature of Work (Please provide as much detail as possible)	Mentor Name, Designation & Sign-off
Financial Accounting Executive	16/07/2019	15/07/2020	1 year	In charge of executing monthly closing activities which includes: - xxxx - xxxx & etc	Training Supervisor's Signature, Name and Designation:

Financial Accounting Executive	16/07/2020	15/07/2021	1 year	Cooperated with Group Tax department and IRB in desk audit by doing the following: - xxxx - xxxx & etc	Training Supervisor's Signature, Name and Designation:
Financial Accounting Executive	16/07/2021	15/07/2022	1 year	Engaged in transfer pricing documentation activity with tax agent by doing the following: - xxxx - xxxx & etc	Training Supervisor's Signature, Name and Designation:

Certified By:

I confirm that, in my professional opinion, that the person above has achieved the technical competence, professional skills, and professional values, ethics, and attitudes necessary required for his/her training as a professional accountant. I am in the opinion that he/she is suitable and fit for admission as a Certified Public Accountant upon completing all other requirements. This verification applies to the practical experience component of the admission requirement and is not to be used as a general reference.

Training Supervisor's Signature:

Name of Training Supervisor:

Designation:

Membership Number (MICPA/GAA/ACCA):

Experience Log – Technical Competencies (for a different employer – if there is none, please delete)

Name of Approved Training Employer				<state company name>	
Date/Duration of service					
Role	From (dd/mm/yy)	To (dd/mm/yy)	Duration (years, months)	Nature of Work (Please provide as much detail as possible)	Mentor Name, Designation & Sign-off
Financial Accounting Executive	16/07/2019	15/07/2020	1 year	In charge of executing monthly closing activities which includes: - xxxx - xxxx & etc	Training Supervisor's Signature, Name and Designation:
Financial Accounting Executive	16/07/2020	15/07/2021	1 year	Cooperated with Group Tax department and IRB in desk audit by doing the following: - xxxx - xxxx & etc	Training Supervisor's Signature, Name and Designation:
Financial Accounting Executive	16/07/2021	15/07/2022	1 year	Engaged in transfer pricing documentation activity with tax agent by doing the following: - xxxx - xxxx & etc	Training Supervisor's Signature, Name and Designation:

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Training Supervisor's Signature:

Name of Training Supervisor:

Designation:

Membership Number (MICPA/GAA/ACCA):
