



APPLICATION FOR REGISTRATION: PROFESSIONAL LICENSEE (ENGINEERING), (GEOLOGICAL) AND (GEOPHYSICAL)

Please read the accompanying instructions carefully before you fill out the form.

- I wish to apply for registration as a
- Professional Licensee (Engineering)
 - Professional Licensee (Geological)
 - Professional Licensee (Geophysical)

For Office Use Only	
Member Number:	_____
Employer Number:	_____
Comp Entry:	_____
Receipt Number:	_____
Amount	_____

1. PERSONAL INFORMATION

Legal Name

Mr. Ms. Dr.

Surname Given Names in Full (NO Initials)

Preferred Name

Surname Common Names and/or Initials

Home Address

Street

City Province Postal Code

()

Telephone Fax E-Mail

Business Address

Street

City Province Postal Code

()

Telephone Fax E-Mail

Company Name

Preferred Address

Home

Business

Other (attached)

Citizenship

Canadian Citizen

Admitted to Canada for permanent residence in 19_____

Date of Birth

Month/Day/Year

Place of Birth

2. DEFINED SCOPE OF PRACTICE

Please describe the Defined Scope of Practice of engineering, geology or geophysics in which you wish to engage and to become registered as a Professional Licensee. It is recommended that the Defined Scope of Practice be as specific and concise as possible. Please refer to the "Approved Defined Scopes of Practice" sheet for examples of scopes that APEGGA has approved to date.

Name: _____

3. POST SECONDARY EDUCATION

Please complete the "Request for Academic Documents" form and send one to each post-secondary institution attended.

	Institution	Location	Dates Attended (Mo/Yr)	Date of Graduation (Mo/Yr)	Degree or Diploma (Use correct abbrev. title)	Specialization or Discipline
1			From			
			To			
2			From			
			To			
3			From			
			To			

4. EXPERIENCE

Please attach a copy of the "Work Experience Record" Summary and Details form. This is the only format that will be accepted.

5. REFERENCES

These individuals must be familiar with significant time elements of your experience and preferably all three of them should be Professional Engineers, Professional Geologists or Professional Geophysicists. At least one of these individuals must be a Professional Engineer, Professional Geologist or Professional Geophysicist under whose supervision and control you worked in your Defined Scope of Practice for two years or more.

	Name	Relationship	Professional Status	Address
1				
2				
3				

6. CHARACTER

Have you ever been found guilty of, or is there an outstanding judgement against you for:

- a) unprofessional conduct or unskilled practice by a professional regulatory organization or agency? Yes No
- b) an offence under the Engineering, Geological and Geophysical Professions Act or Regulations or equivalent legislation in other jurisdictions? Yes No
- c) any criminal offence? Yes No
- d) negligence due to unskilled practice of the professions in any civil actions made against you? Yes No

Name: _____

7. KNOWLEDGE OF PROFESSIONAL LAW & ETHICS

- I have passed the Professional Practice Examination for the _____ Association.
Province
- I will pass the National Professional Practice Examination to fulfill the registration requirements.

8. ENGLISH LANGUAGE COMPETENCY

- English is my native language.
- I have attached a hand written letter explaining why I am competent in the use of the English language.
- I have previously written the Test on English as a Foreign Language. Attach copy of TOEFL score sheet.
- I will be writing the TOEFL to fulfil the registration requirements.

9. COMMENTS

- I declare that all the above statements are complete and correct to the best of my knowledge and belief. I agree to file additional information if the response to any question changes between now and the date of my registration. I understand that a false statement or misrepresentation may disqualify me for registration.
- I grant my permission and consent to APEGGA to present my entire "Work Experience Record" to all of my references as part of my application for registration with APEGGA.
- I grant permission to APEGGA to obtain such additional information as they may deem appropriate from such additional sources as they may deem necessary to the progression of my application.
- I will conform to the requirements of the Engineering, Geological and Geophysical Professions Act of the Province of Alberta, the Regulations including the Code of Ethics, and the By-Laws of the Association if granted membership in APEGGA.
- I declare that I do not have any alcohol or drug dependency or suffer from any medical condition that renders me incapable of fulfilling the requirements of a Professional Licensee.

Enclosed is my cheque for \$ _____ made payable to APEGGA *or*

Visa Master Card AMEX # _____ Expiry Date: _____

Date _____ Signature _____