
INSTRUCTIONS FOR COMPLETING THE REFERENCE QUESTIONNAIRE - Professional Licensee.

TO BE FILLED OUT BY THE REFERENCE ONLY

The APEGGA Board of Examiners is the body that will ultimately determine whether the applicant meets the qualifications necessary for registration as a Professional Licensee with APEGGA. In so doing, the Board will give serious consideration to your completed Reference Questionnaire in making their decision.

All information you provide in completing the Reference Questionnaire will be treated as confidential and will be used only for the purpose of evaluating the applicant for registration as a Professional Licensee, (Engineer, Geologist, or Geophysicist) with APEGGA. If you are a Professional Member of APEGGA or a sister association, you have a professional obligation to report candidly and objectively.

An entire copy of the applicant's Work Experience Record has been provided to you as an attachment. In addition a blank "Reference Questionnaire" has been provided to you in an Excel spreadsheet. This spreadsheet can be completed electronically and returned to APEGGA by email. Alternatively the Reference Questionnaire can be completed by hand to produce a hard copy and then returned to APEGGA by fax or mail.

Fax # 780-426-1877

**APEGGA
1500 Scotia One, 10060 Jasper Ave NW
Edmonton, AB T5J 4A2**

Please use the Work Experience Record that is attached as a reference to the particular time period that you are commenting on and fill in the required areas of the Reference Questionnaire. Your responses should only apply to the dates and positions that you were specifically involved in or have knowledge of the applicants work experience. Your responses should also address how the experience that you are referencing supports the Proposed Defined Scope of Practice.

If you are referencing more than one time period please use one Reference Questionnaire sheet for each time period.

The Board of Examiners will be looking for specific experience in the following five areas.

- Application of technical theory
- Practical Experience
- Management
- Implications of your work on Society
- Communication

Please complete the Reference Questionnaire form in its entirety and return to our office as soon as possible. Add comments that you feel that may be required to assist the APEGGA Board of Examiners in evaluating the applicant's qualifications.

Thank you for your time and assistance.

***Please retain a copy of the completed Reference Questionnaire.**

REFERENCE QUESTIONNAIRE

Please refer to the attached work experience record for the time period you are referencing; please fill in each box

Applicant's Name		Date Completed	
Reference's Name			
Relationship to Applicant:(Supervisor, Mentor, Colleague, Client)			
Company			
Time period you are referencing	From (mmm-yyyy)	To (mmm-yyyy)	
Reference's Professional Designation, if any (eg. P.Eng, P.Geol, P.Geoph, RPT, PE)			

Applicant's Proposed Defined Scope of Practice

Please answer the following questions with "yes", "no" or "I don't know" in the boxes

Do you verify that you have received the experience record referred to and valid for the time period you are referencing?	
Has the applicant demonstrated the ability to apply the principles of Engineering, Geology or Geophysics and the experience to independently practice within the Proposed Defined Practice?	
Has the applicant been responsible for the development of technology management and been exposed to organizational governance issues in a professional capacity?	
Does the applicant exhibit good character and integrity?	
Does the applicant understand and apply the principles of the Code of Ethics?	
Has the applicant demonstrated a working knowledge of spoken and written English?	
Has the applicant been aware of the societal implications of his/her work?	
Do you recommend that the applicant be registered as a professional licensee with APEGGA within the Proposed Defined Scope of Practice?	
If no, please explain below:	

Text will wrap. Use "alt+enter" to start a new line. If you need to relay more information than will fit in this box please use a separate sheet or add comments to your return email message.

If you do not agree with the proposed Defined Scope of Practice but support the application for Professional Licensee please suggest a more appropriate scope.

Text will wrap. Use "alt+enter" to start a new line. If you need to relay more information than will fit in this box please use a separate sheet or add comments to your return email message.

Any further comments you wish to make.

Text will wrap. Use "alt+enter" to start a new line. If you need to relay more information than will fit in this box please use a separate sheet or add comments to your return email message.

Signature		Date	
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