



APEGGA

The Association of
Professional Engineers, Geologists
and Geophysicists of Alberta

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Edmonton, Alberta T5J 4A2
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CONFIRMATION OF REGISTRATION

FOR GEOSCIENTISTS REGISTERED ELSEWHERE IN CANADA

The Registrar,

RE: **SAMPLE**

The above applicant for registration has stated that he/she has been or is a member of your Association/Ordre and has granted permission to APEGGA to obtain additional information from sources it may deem necessary to the progression of the application. Please complete the applicable items below and return this form to us by mail or fax, as soon as possible. Thank you for your help.

Sincerely, Mark Tokarik, LL.B., P. Eng., Director Registration.

Registration was first granted as a _____ on _____
(Specify type of member or licensee) y/m/d

Application for Professional Member Received on _____
y/m/d

Application for Member-In-Training Received on _____ Date of Enrollment _____
y/m/d y/m/d

Membership was resigned or lapsed (if applicable) from _____ to _____
y/m/d y/m/d

Annual dues are/were paid up until... _____
y/m/d

Registration was granted on the basis of (1 + 2 + 3) or 4:

1) Having met the academic requirements as follows:

- a) Acceptable bachelor degree
- b) Unaccredited degree plus North American post-graduate degree (please specify degree and discipline on reverse)
- c) Examination program (please provide subjects/grades on reverse)
- d) Unaccredited degree plus Confirmatory Examinations (please provide subjects/grades on reverse)
- e) Experience in lieu of examinations

Was confirmation of academic background received directly from the academic institutions? YES NO
If no, what was the source of the information/documentation?

Please attach a copy of the member's transcripts. Copy of transcript attached? YES NO

and
2) Having met the experience requirement of _____ years of acceptable experience

and
3) Having passed the Professional Practice Examination

OR

4) By Mutual Recognition through:
a) Agreement on Mobility of Professional Geoscientists Within Canada
b) Prior registration in/transfer from/comity with _____

and
Having passed the Professional Practice Examination (if applicable)

Has this individual ever been subjected to any disciplinary action? YES NO

Please add any additional information relevant to the application, etc. _____

Signature _____ Position _____ Date: _____