



Practice Review Board

APPLICATION FOR REINSTATEMENT OF REGISTRATION

FOR LESS THAN SEVEN YEARS SINCE REGISTRATION CEASED

I wish to apply for reinstatement of registration as a Professional Member Foreign Licensee Registered Professional Technologist in Engineering Geology Geophysics

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

Work Address

_____ Street

_____ City Province Postal Code

()

_____ Telephone Fax E-Mail

Employer Name

Preferred Address Home Work Other (attached)

Date my previous registration with APEGGA ceased: _____

Reasons/circumstances my registration ceased:

I am not registered elsewhere.

I am registered, in good standing, as a _____ with _____
Other Province(s)

I have been registered in the above jurisdiction(s) since _____
Respective Date(s)

IF IT HAS BEEN LESS THAN 2 YEARS SINCE YOUR APEGGA REGISTRATION CEASED OR IF YOU HAVE BEEN REGISTERED IN ANOTHER CANADIAN JURISDICTION SINCE THE DATE YOUR REGISTRATION CEASED, PLEASE SKIP THE FOLLOWING SECTIONS AND COMPLETE SECTION 8 AND THE DECLARATION IN SECTION 9.

2. POST SECONDARY EDUCATION

	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			

3. EXPERIENCE

Primary nature of previous professional experience:

 Please attach a current resume in reverse chronological order (*present or most recent position first*) to your application outlining the following:

- *Employers' names and addresses
- *Employment dates
- *Names of Supervisors
- *Position titles

Include experience before and after registration ceased.
 For each position include scope of work, technical responsibilities and accomplishments, and management responsibilities.

4. PROFESSIONAL DEVELOPMENT OR ACADEMIC STUDIES

Please list any relevant professional development activities or academic studies undertaken, including dates, since your APEGGA registration ceased.

Upon approval of registration, you will be provided with a Continuing Professional Development (CPD) guideline and will be required to comply with the CPD program.

5. REFERENCES

These individuals must be familiar with the significant time elements of your experience.

	Name	Relationship	Professional Status	Mailing Address
1				
2				
3				

6. KNOWLEDGE OF PROFESSIONAL LAW & ETHICS

I have passed the Professional Practice Examination for the _____ Association in _____.
Province Year

7. COMMENTS

8. CHARACTER

Have you ever been subject to any disciplinary finding for, or found guilty of, or is there an outstanding judgement against you for, any of the following:

- 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

9. DECLARATION

- 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 permission to APEGGA to obtain such additional information as it may deem appropriate from such additional sources as it 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 member, foreign licensee or registered professional technologist.

Date _____ Signature _____

Please send the completed form and required attachments to the attention of Cathy Ladouceur at either of the following:

E-Mail : cladouceur@apegga.org

Fax: (780) 426-1877

Mail:
APEGGA Professional Practice Department
1500 Scotia One
10060 Jasper Avenue
Edmonton AB T5J 4A2

October 28, 2005