



APPLICATION FOR PERMISSION TO RESUME PRACTICE

I wish to resume practicing as a Professional Member in Engineering Member number:
 Foreign Licensee Geology
 Registered Professional Technologist 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 I first declared myself as not actively engaged in the practice of my profession ("non-practicing"): _____

I am not registered elsewhere.

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

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

IF YOUR "NON-PRACTICING" DECLARATION HAS BEEN IN EFFECT FOR LESS THAN TWO YEARS OR IF YOU HAVE BEEN REGISTERED IN ANOTHER JURISDICTION DURING THE TIME YOUR "NON-PRACTICING" DECLARATION HAS BEEN IN EFFECT, PLEASE SKIP THE FOLLOWING SECTIONS AND COMPLETE SECTION 7, CHARACTER, AND THE DECLARATION IN SECTION 8.

2. POST SECONDARY EDUCATION (obtained since initial registration with APEGGA)

	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 my professional experience prior to declaring myself "non-practicing":

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 you ceased to engage in active practice. 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 since you ceased active practice.

Upon being allowed to resume practice, 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. COMMENTS

Reasons/circumstances I declared myself as "non-practicing":

OTHER COMMENTS

7. CHARACTER

Have you ever been 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

8. 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 I am allowed to resume practice. I understand that a false statement or misrepresentation may disqualify me from resuming practice.
- 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 declare that I do not have any alcohol or drug dependency or suffer from any medical condition that renders me incapable of practicing as a professional engineer, geologist or geophysicist or licensee.

Date _____ Signature _____

Please mail, fax, or email this completed form and required attachments to:

APEGGA Professional Practice Department
1500 Scotia One
10060 Jasper Avenue
Edmonton AB T5J 4A2
Fax: 780-426-1877
Email: cladouceur@apegga.org

October 28, 2005