

APPLICATION FOR REGISTRATION

FOR GEOSCIENTISTS REGISTERED ELSEWHERE IN CANADA Please read the accompanying instructions carefully before you fill out the form.

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

I wish to apply for registration as a

Professional Geologist
Professional Geophysicist
Foreign Licensee (Geology)
Foreign Licensee (Geophysics)

1. PERSONAL INFORMATION

Legal Name Mr. Ms. Dr.					
	Surname	Given Names in Full (NO I	Initials)		
Preferred Name	Surname	Common Names and/or Ini	itials		
Home Address	Sumane	Common Maries and/or mi			
		Street			
	City	Province	Postal Code		
	Telephone	Fax	E-Mail		
Business Address		Street			
	City ()	Province	Postal Code		
Company Name	Telephone	Fax	E-Mail		
Preferred Address	Home Business	Other (attached)			
Citizenship	Canadian Citizen	Admitted to Canada for	ed to Canada for permanent residence in 19		
Date of Birth	Month/Day/Year	Place of Birth			

Note: The "PREFERRED ADDRESS" is the address that appears in the Membership Register on our Website.

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			
			То			
2			From			
			To:			
3			From			
			То			

3. EXPERIENCE

Attach a resume. For each position include dates, (month/year), technical responsibilities & accomplishments, management responsibilities, communications skills required and an understanding of the societal implications of your work.

4. REFERENCES

Do not provide the names of references at this time. In most cases APEGGA will not need to contact references. Occasionally however we may need to contact your references and if so we will contact you to provide us with the names of your references at that time.

5. CHARACTER

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

a)	unprofessional 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

6. KNOWLEDGE OF PROFESSIONAL LAW & ETHICS

I have passed the Professional Practice Examination for the Regulations & Bylaws Confirmation enclosed.	(Province) Association. (Act,
At the time I was first registered with for registration. (Act, Regulations & Bylaws Confirmation enclosed.)	(Province) Association there was no such requirement

I will pass the National Professional Practice Examination to fulfill the registration requirements.

7.	ENGLISH LANGUAGE COMPETENC	CΥ			
	English is my native language.				
	I have previously proven that I am compe	tent in the use of	the English language by v	irtue of	
<i>8.</i>	PROFESSIONAL STATUS				
	I am / was registered in Province	e(s) or State(s)		In	clude Years Registered
	I previously applied for registration with A				
	was assessed examinations and/or exp				
	was previously registered as a			to	
	am presently an MIT #	·			
	I previously applied for registration with		Other Description (a) (State (a)	Constanting)	and
	the application was refused/rejected.		Other Province(s)/State(s)	Country(les)	
	my license was subsequently revoked				
()	I declare that all the above statements are additional information if the response to a a false statement or misrepresentation may	ny question chang	ges between now and the		
Ø	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.				
8	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 ByLaws of the Association if granted membership in APEGGA.				
8	I declare that I do not have any alcohol or fulfilling the requirements of a profession			al condition that renders	s me incapable of
Enclos	sed is my cheque for \$	made payable	e to APEGGA or		
🗌 Vi	sa 🗌 Master Card 🗌 AMEX #			Expiry Date:	
Date		Signature			

REVISED FEBRUARY 2004