

**APPLICATION FOR RECONSIDERATION/ REASSESSMENT FOR APEGA
EXAM CANDIDATES AND STUDENTS**

<p>Please print clearly. Review the information below carefully and submit all of the necessary supporting materials with your application form. Incomplete applications will not be processed.</p>			
Last Name	First Name	Dr./Mr./Ms./Mrs.	Member #
Mailing Address		Please check one <input type="checkbox"/> Business <input type="checkbox"/> Residential	
E-Mail Address		Please allow 4-6 months for your review process. Your payment is usually processed 1-2 months following the receipt of your application, after the reference questionnaires have been received and internal review is complete.	
Business # ()		Home # ()	
<p>REQUIREMENT CHECKLIST</p> <p><input type="checkbox"/> Completed, signed, and dated application form with payment information.</p> <p><input type="checkbox"/> A written request addressed to the Board of Examiners that provides detailed reasons and grounds for the appeal and outlines the appropriate supporting materials included.</p> <p><input type="checkbox"/> <i>New, updated, or additional</i> supporting documentation (transcripts, work experience records) or material that was not previously before the Board when it rendered its decision, and that might have resulted in a different decision had that information been available.</p> <p><input type="checkbox"/> If you are requesting an appeal based on experience, you <i>must</i> provide updated Work Experience Records Summary and Details, updated from the last time your file was reviewed and indicating your current position and any gaps in employment. You may submit either an Excel or .PDF document. The templates are available on our website at http://www.apega.ca/Applicants/Engineers/peng_general.html. Each page should print at 100% of the normal size and all information must be cleanly contained within the fields as formatted by APEGA, without exceeding the capacity or margins of the original form on a regular printed page. Please erase any instruction text left in empty fields.</p>			
<p>RECONSIDERATION FEES</p> <p><input type="checkbox"/> Within 30 days of receipt of the letter advising you of the Board's decision: \$150.00 (GST exempt)</p> <p><input type="checkbox"/> Beyond 30 days of receipt of the letter advising you of the Board's decision: \$225.00 (GST exempt)</p>			
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX <input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER		APEGA OFFICE USE	
# _____		Payment	
Expiry Date: _____		_____	
<p><i>I recognize in making this request that the Board may make a different decision than the one previously given. I agree to be bound by the new decision given by the Board of Examiners upon reconsideration of my application.</i></p> <p><i>I have included a letter detailing the reasons for my appeal along with complete supporting documentation.</i></p>		Member Number	
Date: _____ Signature: _____		_____	
		Order ID	

		Date	
