



APPLICATION FOR PERMISSION TO RESUME PRACTICE

I wish to resume practicing as a [ ] Professional Member in [ ] Engineering Member number: \_\_\_\_\_
[ ] Licensee [ ] Geology
[ ] Professional Licensee [ ] Geophysics
[ ] Geoscience

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 AS A PRACTICING MEMBER IN ANOTHER CANADIAN JURISDICTION DURING THE TIME YOUR "NON-PRACTICING" DECLARATION HAS BEEN IN EFFECT, PLEASE SKIP THE FOLLOWING SECTIONS AND SIGN THE DECLARATION IN SECTION 7.

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

Table with 7 columns: Institution, Location, Dates Attended (Mo/Yr), Date of Graduation (Mo/Yr), Degree or Diploma (Use correct abbrev. title), Specialization or Discipline. Rows 1-3 are numbered.

**3. EXPERIENCE**

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

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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.

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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":

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*OTHER COMMENTS*

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**7. 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 APEGA 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 engineering or geoscience.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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

APEGA Professional Practice Department  
 1500 Scotia One  
 10060 Jasper Avenue  
 Edmonton AB T5J 4A2  
 Fax: 780-426-1877  
 Email: [rainsworth@apega.ca](mailto:rainsworth@apega.ca)

April 27, 2012