

**WRITTEN UNDERTAKING TO HENCEFORTH COMPLY WITH  
THE CONTINUING PROFESSIONAL DEVELOPMENT (CPD) REQUIREMENTS**

**PERSONAL INFORMATION**

Member number: M \_\_\_\_\_

Legal Name

Mr.  Ms.  Dr.

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Given Names in Full (NO Initials)

Preferred Name

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Common Names and/or Initials

I am a Professional Member who is unable to produce the record of my CPD activities due to (please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will henceforth comply with the CPD Program and will submit the record of my activities annually for each of the next three years at the time of the renewal of my professional registration.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Must be signed and not typed name

Please mail, fax, or email this completed form to:

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