



APEGGA

The Association of
Professional Engineers, Geologists
and Geophysicists of Alberta

APPLICATION TO WRITE THE NATIONAL PROFESSIONAL PRACTICE EXAMINATION

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Edmonton, Alberta T5J 4A2
Tel: (780) 426-3990 Fax: (780) 4261877
1-800-661-7020

Please Print Clearly:

Name in Full (First Name Surname)		APEGGA OFFICE USE ONLY										
Mailing Address		Pseudonym Number										
		Member Number										
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Business Telephone	Home Telephone	Receipt										
I wish to write the Professional Practice Examination in: <table style="display: inline-table; vertical-align: top; margin-right: 20px;"> <tr><td><input type="checkbox"/> Calgary</td><td><input type="checkbox"/> Grande Prairie</td></tr> <tr><td><input type="checkbox"/> Edmonton</td><td><input type="checkbox"/> Lethbridge</td></tr> <tr><td><input type="checkbox"/> Cold Lake</td><td><input type="checkbox"/> Medicine Hat</td></tr> <tr><td><input type="checkbox"/> Fort McMurray</td><td><input type="checkbox"/> Red Deer</td></tr> </table>		<input type="checkbox"/> Calgary	<input type="checkbox"/> Grande Prairie	<input type="checkbox"/> Edmonton	<input type="checkbox"/> Lethbridge	<input type="checkbox"/> Cold Lake	<input type="checkbox"/> Medicine Hat	<input type="checkbox"/> Fort McMurray	<input type="checkbox"/> Red Deer	<input type="checkbox"/> Engineer <input type="checkbox"/> Geologist <input type="checkbox"/> Geophysicist <input type="checkbox"/> M.I.T. <input type="checkbox"/> Prof. Member Applicant <input type="checkbox"/> R.P.T. (Eng) Applicant		
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<input type="checkbox"/> _____ subject to approval. For additional instructions contact Jennifer Royce, NPPE Examination Coordinator at 1-800-661-7020 or e-mail jroyce@apegga.org prior to the Deadline Date.		Mark										
on: <table style="display: inline-table; vertical-align: top; margin-right: 20px;"> <tr><td><input type="checkbox"/> October 18, 2004</td><td>(Deadline Date – August 27, 2004)</td></tr> <tr><td><input type="checkbox"/> January 17, 2005</td><td>(Deadline Date – December 3, 2004)</td></tr> <tr><td><input type="checkbox"/> April 18, 2005</td><td>(Deadline Date – February 25, 2005)</td></tr> <tr><td><input type="checkbox"/> July 18, 2005</td><td>(Deadline Date – May 30, 2005)</td></tr> <tr><td><input type="checkbox"/> October 17, 2005</td><td>(Deadline Date – August 29, 2005)</td></tr> </table>		<input type="checkbox"/> October 18, 2004	(Deadline Date – August 27, 2004)	<input type="checkbox"/> January 17, 2005	(Deadline Date – December 3, 2004)	<input type="checkbox"/> April 18, 2005	(Deadline Date – February 25, 2005)	<input type="checkbox"/> July 18, 2005	(Deadline Date – May 30, 2005)	<input type="checkbox"/> October 17, 2005	(Deadline Date – August 29, 2005)	
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Enclosed is my cheque for \$100.00 (G.S.T. exempt) made payable to APEGGA or <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX # _____ Expiry Date: _____ An additional \$50.00 writing fee is required for sites in the U.S. (Payable in Canadian Funds).												
Date: _____ Signature: _____												
Note: Applications will not be accepted after the Deadline Date. Candidates who request a deferral to the next exam session after the Deadline Date, cancel after the Deadline Date, fail to write the exam, or do not pass the exam will not have their fees refunded nor will a credit be carried to the next exam session. Also, you must have already applied to become a member of APEGGA in order to be eligible to write this exam. Please submit Application with payment by Fax OR mail.												