

**APPLICATION FOR REGISTRATION:  
REGISTERED PROFESSIONAL TECHNOLOGIST (GEOLOGICAL) AND (GEOPHYSICAL)**

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

- Registered Professional Technologist (Geological)  
 Registered Professional Technologist (Geophysical)

**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  
 ( )

Business Address  
 \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City Province Postal Code  
 ( )

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Company Name \_\_\_\_\_

Preferred Address  Home  Business  Other (attached)

Citizenship  Canadian Citizen  Admitted to Canada for permanent residence in 19 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year

**2. DEFINED SCOPE OF PRACTICE**

Please describe the Defined Scope of Practice of geology or geophysics in which you wish to engage and to become registered as a Registered Professional Technologist (Geological) or Registered Professional Technologist (Geophysical). **It is recommended that the Defined Scope of Practice be as specific and concise as possible.**

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

Name: \_\_\_\_\_

**3. 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			
			To			
2			From			
			To			
3			From			
			To			

**4. EXPERIENCE**

Please attach a current resume in reverse chronological order (*present position first*) to your application outlining the following:

- \*Company names and locations
- \*Employment dates
- \*Names of Supervisors
- \*Positions titles

For each position include technical responsibilities & accomplishments, management responsibilities, communications skills required and an understanding of the societal implications of your work.

**5. REFERENCES**

These individuals must be familiar with the significant time elements of your experience and preferably all three of them should be Professional Geologists or Professional Geophysicists. At least one of these individuals must be a Professional Geologist or Professional Geophysicist under whose supervision and control you worked in your Defined Scope of Practice for two years or more.

	Name	Relationship	Professional Status	Address
1				
2				
3				

**6. CHARACTER**

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

- a) unprofessional conduct 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

Name: \_\_\_\_\_

**7. KNOWLEDGE OF PROFESSIONAL LAW & ETHICS**

- I have passed the Professional Practice Examination for the \_\_\_\_\_  
Province Professional Geoscience Association.
- I will pass the National Professional Practice Examination to fulfill the registration requirements.

**8. ENGLISH LANGUAGE COMPETENCY**

- English is my native language.
- I have attached a hand written letter explaining why I am competent in the use of the English language.
- I have previously written the Test on English as a Foreign Language. Attach copy of TOEFL score sheet.
- I will be writing the TOEFL to fulfil the registration requirements.

**9. COMMENTS**

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- 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 of my registration. I understand that a false statement or misrepresentation may disqualify me for registration.
- I grant permission to APEGGA to obtain such additional information as they may deem appropriate from such additional sources as they may deem necessary to the progression of my application.
- 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 By-Laws of the Association if granted membership in APEGGA.
- I declare that I do not have any alcohol or drug dependency or suffer from any medical condition that renders me incapable of fulfilling the requirements of a Registered Professional Technologist (Geological) or Registered Professional Technologist (Geophysical).

Enclosed is my cheque for \$ \_\_\_\_\_ made payable to APEGGA *or*

Visa    Master Card    AMEX   # \_\_\_\_\_   Expiry Date: \_\_\_\_\_

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

**March 2003**