



APPLICATION FOR REINSTATEMENT OF REGISTRATION

FOR LESS THAN SEVEN YEARS SINCE REGISTRATION CEASED

I wish to apply for reinstatement of registration as a [] Professional Member in [] Engineering [] Licensee [] Geoscience [] Professional Licensee

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 my previous registration with APEGA ceased: _____

Reasons/circumstances my registration ceased:

[] I am not registered elsewhere.

[] I am registered, in good standing, as a _____ with _____ Other Province(s)

I have been registered in the above jurisdiction(s) since _____ Respective Date(s)

IF IT HAS BEEN LESS THAN 2 YEARS SINCE YOUR APEGA REGISTRATION CEASED OR IF YOU HAVE BEEN REGISTERED AS A PRACTICING MEMBER IN ANOTHER CANADIAN JURISDICTION SINCE THE DATE YOUR REGISTRATION CEASED, PLEASE SKIP THE FOLLOWING SECTIONS AND COMPLETE SECTION 8 AND SIGN THE DECLARATION IN SECTION 9.

2. 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			

3. EXPERIENCE

Primary nature of previous professional experience:

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 registration ceased.

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, including dates, since your APEGA registration ceased.

Upon approval of registration, 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. **KNOWLEDGE OF PROFESSIONAL LAW & ETHICS**

I have passed the Professional Practice Examination for the _____ Association in _____.
Province Year

7. **COMMENTS**

8. **CHARACTER**

Have you ever been subject to any disciplinary finding for, or been found guilty of, or is there an outstanding judgement against you for, any of the following:

- a) unprofessional conduct or unskilled practice by a professional regulatory organization or agency? Yes No
- b) an offence under the *Engineering and Geoscience 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

If you have answered "Yes" to any of the above, please explain.

9. **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 of my registration. I understand that a false statement or misrepresentation may disqualify me for registration.
- 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 will conform to the requirements of the *Engineering and Geoscience 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 APEGA.
- 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 professional member, foreign licensee or professional licensee.

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

April 27, 2012