



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:

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