



APPLICATION FOR REINSTATEMENT OF REGISTRATION

NOTE: Use this form **ONLY** if you were a **professional member**, a **licensee**, or a **professional licensee** **AND** if your licence has been cancelled for **less than** seven years.

If your licence has been cancelled for **more than** seven years, you must apply for a **new licence**. Visit www.apega.ca/apply/ for instructions.

All completed reinstatement applications must be approved by APEGA Council. A completed reinstatement application means:

1. The application form is filled out with all necessary information
2. All supporting documentation is attached
3. All three references have been received
4. Payment for the application has been made

As Council only meets four times per year, it may take between **three to six months** for a decision to be made.

All reinstatement applications are subjected to a **one-time, non-refundable** application fee. The processing of the application **does not** start until the application fee **has been paid**. Please carefully read the instructions included at the end of this form for acceptable methods of payment.

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

1. PERSONAL INFORMATION

Member ID (If known) _____

Legal Name
 Mr. Ms. Dr. Last Name _____ First and Middle Names (NO initials) _____

Preferred Name

 Last Name _____ First and Middle Names (NO initials) _____

Home Contact Information _____
 Street _____

 City _____ Province _____ Postal Code _____

 Telephone _____ Fax _____ Email (Is this your primary email?) _____

Work Contact Information _____
 Employer Name _____

 Street _____

 City _____ Province _____ Postal Code _____

 Telephone _____ Fax _____ Email (Is this your primary email?) _____

Preferred Contact Method Home Work Other: _____

Date your previous registration with APEGA ceased: _____
dd/mmm/yyyy

Reasons your registration ceased:

Are you currently registered in other jurisdictions in Canada? YES NO

If you answered YES, you may be eligible to use the **interprovincial mobility transfer** process to obtain your APEGA licence. Please apply online at <https://www.apega.ca/apply/>.

If it has been **less than two years** since your APEGA licence ceased, **skip** to Section 6 and **sign** the declaration in Section 7.

2. EXPERIENCE

Primary nature of previous professional experience:

Please attach a current resume outlining the following in reverse chronological order (*present or most recent position first*):

- employer's name and address
- employment date
- names of supervisor
- position title
- scope of practice and job responsibilities

2.1 Did you receive any post-secondary education after your APEGA licence ceased?

YES NO

If YES, list them in the table below. If NO, skip to Section 3.

Institution Name	Location	Dates Attended	Graduation Date (mm/yyyy)	Degree or Diploma (use correct name or abbreviation)	Specialization or Discipline
		From (mm/yyyy): To (mm/yyyy):			
		From (mm/yyyy): To (mm/yyyy):			
		From (mm/yyyy): To (mm/yyyy):			

3. PROFESSIONAL DEVELOPMENT ACTIVITIES

List any relevant professional development activities since your APEGA licence ceased. Please provide details of the activity, including full titles, dates, and information about the course provider (if applicable). Attach a separate sheet if necessary.

4. REFERENCES

Please provide at least three professional references who can attest to your engineering or geoscience practice throughout your professional career. Provide at least one reference for the period of your APEGA licence lapse, if you were practising outside of Alberta.

Name	Relationship	Professional Status	Email Address	Phone Number	Mailing Address

5. ADDITIONAL COMMENTS THAT MAY ASSIST REVIEWERS

6. CHARACTER DECLARATION

Please respond to each question and provide details as required.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I have been involved in or am the subject of criminal, complaint, or disciplinary proceedings in a jurisdiction.
If yes, please specify which jurisdiction: _____
Member Number: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I have pleaded guilty or been found to have committed any of the following:
Note: Only check yes for conduct that has not been pardoned. Check no if a question does not apply. |
| <input type="checkbox"/> | <input type="checkbox"/> | a) an indictable offence or summary conviction offence under any Act of the Parliament of Canada or any Act in any province of Canada |
| <input type="checkbox"/> | <input type="checkbox"/> | b) unprofessional conduct or unskilled practice by any Canadian engineering or geoscience professional licensing body (association) |
| <input type="checkbox"/> | <input type="checkbox"/> | c) unprofessional conduct or unskilled practice by any other Canadian professional licensing body |
| <input type="checkbox"/> | <input type="checkbox"/> | d) negligence due to unskilled practice of engineering or geoscience in any civil action |
| <input type="checkbox"/> | <input type="checkbox"/> | e) academic misconduct
If yes, please specify: |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. I have pleaded guilty or been found to have committed unprofessional or unskilled practice outside of Canada, similar to any conduct described in Question 2 (only check yes for conduct that has not been pardoned).
If yes, please specify: |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. I have had a civil judgement against me relating to fraud. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. I have disobeyed an order of a court. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. There are events, circumstances, or conditions, other than those mentioned above, that are potentially relevant to my competence to practise engineering or geoscience, including, without limitation, circumstances relating to chemical or substance abuse. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Is there any other matter regarding your registration that we should be aware of?
If yes, please specify: |

If you have checked yes to one or more of the statements in Section 6, you must also provide supporting documentation of the circumstances.

7. DECLARATION

I declare that all of the above statements are complete and correct to the best of my knowledge. 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 give APEGA permission to collect any information from other organizations that may be required for my application.

If granted an APEGA licence, I will follow the requirements of the *Engineering and Geoscience Professions Act* of Alberta, the *General Regulation* including the *Code of Ethics*, and the bylaws of 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, licensee, or professional licensee.

Date: _____

Signature: _____

Please email this completed form and required documents to: reinstatement@apega.ca.

Reinstatement Application Payment Instructions

You need to pay a **one-time, non-refundable** reinstatement application fee of **\$411.60** (\$392 plus GST of \$19.60). This fee **MUST** be paid before the application can be processed.

This fee is **not** your annual membership dues. Your membership dues will be invoiced separately if Council approves your reinstatement application.

Payment Methods

1. **Pay by credit card:** Submit your completed application and all required supporting documentation to reinstatement@apega.ca. Once received, we will email you the credit card payment instructions. **Please wait for the Payment Instruction email before making payment.**
Do not email or mail your credit card information to APEGA
2. **Pay by cheque:** You can mail a cheque (issued to 'Association of Professional Engineers and Geoscientists of Alberta') with the completed application and all required documentation to:
APEGA
Attention: Professional Practice Department
1500 Scotia Place
10060 Jasper Avenue NW
Edmonton, AB T5J 4A2
Please ensure your member number is written on the cheque.

We will email you a confirmation that we have received your application and payment.