



APPLICATION FOR REINSTATEMENT OF REGISTRATION

NOTE: Use this form **ONLY** if you were a **professional member**, a **licensee**, or a **professional licensee** **AND** if you have not been licenced to practice for **less than** seven (7) years.

If you have not been licenced to practice for **more than** seven (7) years, **OR** your licence with APEGA was cancelled due to non-compliance of the CPD Program, you must apply for a **new licence**. Please Visit www.apega.ca/apply for more details.

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 if applicable.
3. All necessary reference questionnaires have been received, when requested.
4. Payment for the application has been 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 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

Position title

Street

City Province Postal Code

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

Preferred Contact Method Home Work Other: _____

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 www.apega.ca/apply.

1) If it has been **90 days (3 mo.) or less** since your APEGA licence ceased, complete Section 2, then **skip** to Section 5, of the application form.

- 2) If it is **past 90 days (3 mo.), but less than two years** since your APEGA licence ceased, **skip** to Section 4 and proceed to complete the subsequent sections of the application form.
- 3) If it is **greater than two years** since your APEGA licence ceased, **skip** to Section 3 and proceed to complete the subsequent sections of the application form.

2. LICENCE REACTIVATION (ONLY FOR LICENCES CANCELLED NOT EXCEEDING 90 DAYS)

I _____ acknowledge that my Professional Licence was cancelled not exceeding 90 days. I request to have my licence reactivated, **pending I meet the additional criteria and** agree to pay the noted administration fee upon receiving the payment instructions. I also agree to pay the outstanding professional dues of the current membership cycle (if required), once the licence is reactivated and invoice received.

3. EXPERIENCE (ONLY FOR LICENCES CANCELLED GREATER THAN 2 YEARS)

Primary nature of previous professional experience:

When you submit your application form, your payment instructions and a Work Experience Record (WER) Package will be sent to your attention directing you to complete for submission.

4. 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: |

4. I have had a civil judgement against me relating to fraud.
5. I have disobeyed an order of a court.
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.
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 3, you must also provide supporting documentation of the circumstances.

5. DECLARATION

I declare that all 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: _____

If APEGA approves your application for reinstatement and your Licence has been cancelled for two years or more, you will be reinstated with a practicing status. If you had a restricted Licence prior to cancellation, you will be reinstated back to the same restriction(s) at the time of the cancellation. Please date and sign the application form; and then scan the document in PDF format for submission.

To submit the completed application form, please click on the <https://www.apega.ca/members/licensure-administration-upload> and follow the instructions.

Payment Instructions

If your Licence cancellation **did not exceed 90 days** on the date you submit this form, you must pay a **one-time, non-refundable** reactivation fee of **\$183.75** (\$175 plus \$8.75 GST). The fee **MUST** be paid before the Licence reactivation can be processed.

If your Licence cancellation **exceeded 90 days** on the date you submit this form, you must pay a **one-time, non-refundable** reinstatement application fee of **\$411.60** (\$392 plus \$19.60 GST). The fee **MUST** be paid before the application can be processed.

Please note these fees are **not** your annual membership dues. Your membership dues will be invoiced separately if your Licence is reactivated OR Council approves your reinstatement application.

Preferred Payment Method

Preferred method of payment is by **credit card**: Submit your completed application form as noted above. Once the form is received, we will email you the credit card payment instructions. **Please wait for the payment instruction email before making any payment. Do not email or mail your credit card information to APEGA.**