

REINSTATEMENT OF LICENSURE APPLICATION

NOTE: Use this form **ONLY** if you were a **professional member**, a **licensee**, or a **professional licensee** **AND** if your lapse in licensure is **less than** seven (7) years.

If you have not been licensed to practise 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 [Become an APEGA Member | APEGA](#) for more details.

All completed reinstatement for licensure 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, and
4. Payment for the application has been made

I wish to apply for reinstatement of licensure as a: _____ in ☐ Engineering
☐ Geoscience

1. PERSONAL INFORMATION

APEGA ID (If known) _____

Legal Name

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/Company 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 another jurisdiction in Canada? YES ☐ NO ☐

If you answered YES, you may be eligible to obtain an APEGA licence through the **interprovincial mobility application**. Please visit the [Inter-Provincial Mobility Application for more information](#).

2. WORK EXPERIENCE SINCE LAPSE IN LICENSURE

If applicable, since the cancellation of your licence, have you returned your APEGA issued stamp?
YES ☐ NO ☐ N/A ☐

If you are in possession of an APEGA stamp bearing your name, have you applied it to any professional work products during the time your licence was cancelled? YES ☐ NO ☐

Work history during lapse in licensure (only if licence cancellation does not exceed 2 years)

Employer Name	Start Date (mm/YYYY)	End Date (mm/YYYY)	Official Position Title

If your licence was **cancelled for more than 2 years**, you must complete and submit a **Work Experience Record (WER)**. To complete the WER form, please download a copy from the Licensure Administration webpage.

3. CHARACTER DECLARATION

Please respond to each question and provide details as required.

Character Declaration	Yes	No
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: _____ APEGA ID Number: _____		
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.		
a) an indictable offence or summary conviction offence under any Act of the Parliament of Canada or any Act in any province of Canada		

Character Declaration	Yes	No
b) unprofessional conduct or unskilled practice by any Canadian engineering or geoscience professional licensing body (association)		
c) unprofessional conduct or unskilled practice by any other Canadian professional licensing body		
d) negligence due to unskilled practice of engineering or geoscience in any civil action		
e) academic misconduct		
If yes, please specify:		
3. I have pled guilty or have been found to have committed unprofessional and/or unskilled practice outside of Canada, similar to any conduct described in statement 2. <i>Only check 'Yes' for conduct that has not been pardoned.</i>		
If yes, please specify the nature of the circumstance:		
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 circumstances relating to chemical and/or substance abuse.		
7. Is there any other matter regarding your registration that we should be aware of?		
If yes, please specify:		

4. 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 practising 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.**

To submit the completed application form, click on the following link [Licensure Administration Upload | APEGA](#) and follow the instructions. Application form must be submitted in PDF format.

Information on Fee Payments, myAPEGA account and compliance

You must pay a **one-time, non-refundable** reinstatement application fee. 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 once Council approves your reinstatement application.

Fee payments are to be made online by logging onto your myAPEGA account, using your credit card or Visa debit. An invoice for the application fee will be issued to your myAPEGA account **within 5 to 7 business days**. To review the invoice and pay the fee, click on the “*Finance Centre*” pull-down tab at the menu bar, and select “*Invoices*”. The name of the invoice will be, “*Reinstatement Fee*”.

To ensure you are receiving all communications from APEGA regarding your reinstatement application, log into your [myAPEGA](#) account to review your contact information and ensure it is up to date. Failure to do so may result in missed receipt of communications and/or processing delays on your application.

Please ensure you are compliant with the EGP Act and General Regulations regarding [right to practise and use of title](#) while your reinstatement application is in progress.