



Practice Review Board

APPLICATION FOR PERMISSION TO RESUME PRACTICE

I wish to resume practice as a [] Professional Member in [] Engineering Member Number: _____
[] Licensee [] Geology
[] Professional Licensee [] Geophysics
[] Geoscience

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)

Preferred Email

[] Home: _____ [] Work: _____

I first declared myself as non-practising in the profession of engineering and/or geoscience on the date of (mm/dd/yyyy):

[] I am not registered elsewhere.

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

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

IF YOUR "NON-PRACTISING" DECLARATION HAS BEEN IN EFFECT FOR LESS THAN TWO YEARS OR IF YOU HAVE BEEN REGISTERED AS A PRACTISING MEMBER IN ANOTHER CANADIAN JURISDICTION DURING THE TIME YOUR "NON-PRACTISING" DECLARATION HAS BEEN IN EFFECT, PLEASE SKIP THE FOLLOWING SECTIONS AND SIGN THE DECLARATION IN SECTION 5.

2. POST SECONDARY EDUCATION (obtained since initial registration with APEGA)

	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 my professional experience prior to declaring myself "non-practising":

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

4. COMMENTS

Reasons/circumstances I declared myself as "non-practising":

5. 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 I am permitted to resume practice. I understand that a false statement or misrepresentation may disqualify me from resuming practice.
- 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 declare that I do not have any alcohol or drug dependency or suffer from any medical condition that renders me incapable of practising engineering or geoscience.

Date _____ Signature _____

Please fax or email this completed form and required attachments to:
 APEGA Professional Practice Department
 Fax: 780-426-1877
 Email: Resumption@apega.ca