

RESUME PRACTICE APPLICATION

I wish to resume practice as a:		in	☐ Engineering☐ Geology☐ Geophysics☐ Geoscience	
1. PERSONAL INFORMATION	ON			
APEGA ID				
Legal Name	Last Name	First ar	nd Middle Names (NO initials)	_
Preferred Name	Last Name	First ar	nd Middle Names (NO initials)	_
Home Contact Information	Street			_
	City	Provinc	ce Postal Code	
	Telephone	Email ((Is this your preferred email?	_)
Work Contact Information	Employer/Company Name		_	
	Position Title		_	
	Street			
	City	Provinc	ce Postal Code	
	Telephone	Email (Is this your preferred email?	_)
I first declared 'non-practising' or	n:			
☐ I am not registered to practise ele☐ I am registered and in good stand		with	Since Other Province(s) Regulatory Body Yea	ar

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2. WORK EXPERIENCE RECORD

Please provide summary of your work history for the last 2 years.

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

If your declared non-practising period is greater than 2 years, you must complete and submit a Work Experience Record (WER) with this application. To complete the WER, please download a copy from apega.ca/members/changes/return-to-practice#resume. Please review the instruction guide included in the document on how to complete and submit the form.

3. CHARACTER DECLARATION

Please respond to each question and provide details as required.

Character Declaration			Yes	No
1.		ave been involved in or am the subject of criminal, complaint, or disciplinary ceedings in a jurisdiction.		
	If y	es, please specify which jurisdiction:		
	AP	EGA ID Number:		
2.	l ha	ave pleaded guilty or been found to have committed any of the following:		
		te: Only check 'Yes' for conduct that has not been pardoned. Check 'No' if a estion 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		
	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:		

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Character Declaration		Yes	No
3.	I have pleaded guilty or have been found to have committed unprofessional and/or unskilled practice outside of Canada, similar to any conduct described in statement 2.		
	Only check 'Yes' for conduct that has not been pardoned.		
	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:		

If you have selected 'Yes' to one or more of the statements in Section 2, you must provide supporting documentation of the circumstances.

4. DECLARATION

- I declare that all the above statements are complete and correct to the best of my knowledge and belief. I agree to provide additional information if the response to any question changes between now and the date I am allowed to resume practice. I understand that a false statement or misrepresentation may disqualify me from resuming practice and be referred to the Investigation Committee for unprofessional conduct
- I grant APEGA permission to request and obtain information from additional sources as deemed necessary or relevant to process my application. I acknowledge the information submitted and/or collected will be used by APEGA and the Practice Review Board to determine a decision to resume practice.

•	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	
Email the completed form and required attachments to:		

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APEGA Professional Practice Department Email: resumption@apega.ca

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