

# NATIONAL PROFESSIONAL PRACTICE EXAMINATION



## APPLICATION TO WRITE

Return completed form directly to: <b>APEGA</b>  By Email Only E-Mail: <a href="mailto:nppe@apega.ca">nppe@apega.ca</a>	<b>THE NATIONAL PROFESSIONAL PRACTICE EXAMINATION OFFICE</b> <i>The Association of Professional Engineers and Geoscientists of Alberta (APEGA)</i> 1500 Scotia Place One, 10060 Jasper Avenue, Edmonton, Alberta T5J 4A2 Telephone: (780) 426-3990, Ext. 2518; Toll Free: 1-800-661-7020 (North America)
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Print Name: <i>(First, Middle, Last)</i> _____ <i>Mr. Ms. Mrs. Dr.</i>  Telephone: <i>(include area code)</i> Business: _____ Residence: _____	Mailing Address: _____  E-mail Address: ↓ _____ Postal Code: _____
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1. I am affiliated with the following Provincial/Territorial Association(s): <input type="radio"/> NAPEG <input type="radio"/> APEGA <input type="radio"/> OTHER: _____  2. My Membership Number is: _____  3. My discipline is: <input type="checkbox"/> Engineering <input type="checkbox"/> Geoscience	<b>For Office Use Only</b>  Pseudonym Number _____  PASS / FAIL _____  AMOUNT DETAILS _____
I wish to write the National Professional Practice Examination at the following location: <input type="checkbox"/> City, Province/Territory _____ (Subject to Approval)  On the following session date: <input type="checkbox"/> <b>APRIL 6-8, 2020</b> *Deadline Date to apply - <b>FEBRUARY 28, 2020</b> <input type="checkbox"/> <b>JUNE 8-10, 2020</b> *Deadline Date to apply - <b>MAY 1, 2020</b> <input type="checkbox"/> <b>SEPTEMBER 14-16, 2020</b> *Deadline Date to apply - <b>JULY 17, 2020</b> <input type="checkbox"/> <b>NOVEMBER 23-25, 2020</b> *Deadline Date to apply - <b>OCTOBER 9, 2020</b>	

<b>NOTE:</b>	<b>Applications will not be accepted after the deadline date.</b> Candidates who request a deferral to the next exam session, cancel after the deadline, or fail to write or pass the exam may not have their fees refunded, nor will a credit be carried to the next exam session.
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<b>COSTS</b>	Payment of <b>\$262.50</b> (G.S.T. included) must accompany this completed application form.	Home association verification
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<b>PAYMENT:</b>	<input type="checkbox"/> Payment: \$262.50	DATE ENTERED
	Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	MEMBER ID NO.
	Card Number _____ Expiry Date _____	ORDER ID
	Card Holder's Name: _____	AMOUNT

Date: _____	Signature: _____	
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