

NATIONAL PROFESSIONAL PRACTICE EXAMINATION



APPLICATION TO WRITE

Return completed form directly to: APEGA By Email Only E-Mail: nppe@apega.ca	THE NATIONAL PROFESSIONAL PRACTICE EXAMINATION OFFICE <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: (First, Middle, Last) _____ <i>Mr. Ms. Mrs. Dr.</i>	Mailing Address: _____ _____ _____
Telephone: (include area code) Business: _____ Residence: _____	E-mail Address: ↓ _____ Postal Code: _____

1. I am affiliated with the following Provincial/Territorial Association(s): <input type="radio"/> NAPEG <input type="radio"/> APEGA <input type="radio"/> OTHER: _____	For Office Use Only Pseudonym Number PASS / FAIL AMOUNT DETAILS
2. My Membership Number is: _____	
3. My discipline is: <input type="checkbox"/> Engineering <input type="checkbox"/> Geoscience	
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"/> AUGUST 22-24, 2022 *Deadline Date to apply - JUNE 30, 2022 <input type="checkbox"/> NOVEMBER 7-9, 2022 *Deadline Date to apply - SEPTEMBER 23, 2022 <input type="checkbox"/> JANUARY 23-25, 2023 *Deadline Date to apply - DECEMBER 2, 2022 <input type="checkbox"/> APRIL 3-5, 2023 *Deadline Date to apply - FEBRUARY 10, 2023	

NOTE:	Applications will not be accepted after the deadline date. 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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COSTS	Payment of \$262.50 (G.S.T. included) must accompany this completed application form.	Home association verification
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PAYMENT:	<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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