

NATIONAL PROFESSIONAL PRACTICE EXAMINATION



APPLICATION TO WRITE



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| 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) _____ Mr. Ms. Mrs. Dr. | Mailing Address: _____ |
| Telephone: (include area code) Business: _____ Residence: _____ | 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: _____ | 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:
 City, Province/Territory _____
 (Subject to Approval)

On the following session date:
 APRIL 3-5, 2023 *Deadline Date to apply - **FEBRUARY 10, 2023**
 JUNE 5-7, 2023 *Deadline Date to apply - **APRIL 28, 2023**
 SEPTEMBER 11-13, 2023 *Deadline Date to apply - **JULY 14, 2023**
 NOVEMBER 6-8, 2023 *Deadline Date to apply - **SEPTEMBER 29, 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 |

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| Date: _____ | Signature: _____ | AMOUNT |
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