

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: <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	For Office Use Only 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"/> January 22-24, 2024 *Deadline Date to apply - December 1, 2023 <input type="checkbox"/> April 8-10, 2024 *Deadline Date to apply - February 16, 2024 <input type="checkbox"/> June 3-5, 2024 *Deadline Date to apply - April 26, 2024 <input type="checkbox"/> September 9-11, 2024 *Deadline Date to apply - July 12, 2024 <input type="checkbox"/> November 18-20, 2024 *Deadline Date to apply - October 4, 2024	

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 _____ Card Holder's Name: _____	ORDER ID

Date: _____	Signature: _____	AMOUNT
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