

NATIONAL PROFESSIONAL PRACTICE EXAMINATION



APPLICATION TO WRITE

Engineers Yukon

Return completed form directly to: APEGA By E-mail Only	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)		
Email: nppe@apega.ca			
Print Name: <i>(First, Middle, Last)</i> _____ <i>Mr. Ms. Mrs. Dr.</i>	Mailing Address: _____ _____ _____		
Telephone: <i>(include area code)</i> Business: _____ Residence: _____	Email Address: ↓ _____	Postal Code: _____	
1. I am affiliated with the following Provincial/Territorial Association(s): <input type="radio"/> Engineers Yukon <input type="radio"/> OTHER: _____			For Office Use Only
2. My Membership Number is: _____ X _____			Pseudonym Number
3. My discipline is: <input type="checkbox"/> Engineering <input type="checkbox"/> Other: _____			
I wish to write the National Professional Practice Examination at the following location: <input type="checkbox"/> WHITEHORSE, YK <input type="checkbox"/> OTHER: City, Province/Territory _____ (Subject to Approval)			PASS / FAIL
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			AMOUNT DETAILS
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.		Home association verification
<u>COSTS</u>	Payment of \$262.50 (G.S.T. included) must accompany this completed application form.		DATE ENTERED
PAYMENT:	<input type="checkbox"/> Payment: \$262.50 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: _____		