

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 The Association of Professional Engineers and Geoscientists of Alberta (APEGA) 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: (First, Middle, Last) _____ Mr. Ms. Mrs. Dr.	Mailing Address: _____		
Birthdate (YYYYMMDD): _____	Email Address: ↓ _____ Postal Code: _____		
Telephone: (include area code)			
Business: _____ Residence: _____			
1. I am affiliated with the following Provincial/Territorial Association(s):		For Office Use Only	
<input type="radio"/> Engineers Yukon <input type="radio"/> OTHER: _____			
2. My Membership Number is: X _____			
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:			PASS / FAIL
<input type="checkbox"/> WHITEHORSE, YK <input type="checkbox"/> OTHER: City, Province/Territory _____ (Subject to Approval)			AMOUNT DETAILS
On the following session date:			
<input type="checkbox"/> APRIL 6-8, 2020 *Deadline Date to apply - FEBRUARY 28, 2020			
<input type="checkbox"/> JUNE 8-10, 2020 *Deadline Date to apply - MAY 1, 2020			
<input type="checkbox"/> SEPTEMBER 14-16, 2020 *Deadline Date to apply - JULY 17, 2020			
<input type="checkbox"/> NOVEMBER 23-25, 2020 *Deadline Date to apply - OCTOBER 9, 2020			
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		MEMBER ID NO.
	Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX		ORDER ID
	Card Number	Expiry Date	
	Card Holder's Name:		AMOUNT
Date: _____	Signature: _____		