

CONFIRMATION REQUEST FORM

FOR APPLICANT ONLY

NOTE TO APPLICANTS: *Please ask all other **Canadian Associations/Ordre** in which you are or have been a member to complete this form.*

APPLICANT'S NAME: _____ DATE OF BIRTH: _____

ASSOCIATION/ORDRE: _____ REGISTRATION NUMBER: _____

BY THE ASSOCIATION/ORDRE ONLY:

The above applicant for registration has stated that he/she is/was a member of your Association/Ordre. Please complete the information below the concerning standing of the applicant and return it to this office. DO NOT return the completed form to the applicant.

Eilidh Lewis, M.Sc., P.Geo., Registrar

1. Date of first registration as a full practising P.Geo./P.Geol./P.Geoph./géo: _____
d/m/y

2. Full practising membership held from: _____ to _____
d/m/y d/m/y

3. Membership was resigned, lapsed, or re-classified (if applicable) from: _____ to _____
d/m/y d/m/y

4. Date to which full practising annual dues are/were paid: _____
d/m/y

5. Academic acceptance was granted on the basis of _____
degree(s) and discipline

from _____ on _____
University and Location (month/year)

a) This person **was / was not required** (please indicate what applies) to write examinations. If examinations were required, please indicate subject(s) and mark(s):

b) This person was exempted from technical examination(s) based on _____
experience/advanced degree, etc.

c) This person was registered based on registration/agreement with _____
(Association/Ordre)

6. Membership was granted based on _____ years of acceptable work experience.

7. Did this person pass a closed-book Professional Practice and Ethics Examination? Yes No

Date written: _____
d/m/y

8. Has this member ever been subjected to any disciplinary action(s) or is there any pending? Yes No

9. Please provide additional information, if any, relevant to the application on a separate sheet.

Signature Position of Person Providing Information Date