NATIONAL PROFESSONAL PRACTICE EXAMINATION



APPLICATION TO WRITE

Return completed form directly

PROFESSIONAL GEOSCIENTISTS ONTARIO

THE NATIONAL PROFESSIONAL PRACTICE EXAMINATION OFFICE

| APEGA By E-mail Only | | e, Edmonton, Alberta, T5J 4A2 ree: 1-800-661-7020 (North | | |
|---|--------------------------------------|--|-------------------------------|------------------|
| Email: nppe@a | pega.ca | | | |
| Print Name: (First, Middle, Last) Mr., Ms., Mrs., Dr. Mailing Address: | | | | |
| Birthdate (YYYMMDD): Post Code: | | | | |
| Telephone: (inc Business: | lude area code) | | Email address: | |
| Residence: | | | | |
| 1. I am aff | iliated with the follo | For Office Use Only | | |
| PGO Other: 2. My registration/application number is: | | | | Pseudonym Number |
| Confirm that you have applied for a change of designation from GIT or for Professional Registration | | | | |
| I wish to write the National Professional Practice Examination at the following location: | | | | PASS/FAIL |
| Ontario: | | Other (outside of Ontario): (subject to approval) | | AMOUNT DETAILS |
| June 3-5, 2024, 2024 (deadline to apply April 26, 2024) | | | | |
| NOTE: | Candidates who reafter the deadline, | not be accepted after the equest a deferral to the nor fail to write or pass the digital and acredit be carrows. | Home association verification | |
| COST: | Payment of \$262. completed applic | 50 (GST included) mus | DATE ENTERED | |
| PAYMENT: \$262.50 | | | | MEMBER ID NO. |
| | Credit Card: | Visa Masterca | ard AMEX | |
| | Card Number: | | Expiry Date: | ORDER ID |
| Cardholder's name: | | | | |
| Date: Signature: | | | | AMOUNT |