

# NATIONAL PROFESSIONAL PRACTICE EXAMINATION

## APPLICATION TO WRITE

**Engineers Yukon**



Return completed form directly to:  <b>APEGA</b>  By E-mail Only  Email: <a href="mailto:nppe@apega.ca">nppe@apega.ca</a>	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)		
Print Name: (First, Middle, Last) _____ Mr. Ms. Mrs. Dr. _____  Birthdate (YYYYMMDD): _____ Telephone: (include area code) Business: _____ Residence: _____	Mailing Address: _____  _____ _____ Email Address: ↓ _____ Postal Code: _____		
1. I am affiliated with the following Provincial/Territorial Association(s): <input type="radio"/> Engineers Yukon <input type="radio"/> OTHER: _____	2. My Membership Number is:      X _____		For Office Use Only
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"/> JANUARY 25-27, 2021      *Deadline Date to apply - <b>DECEMBER 11, 2020</b> <input type="checkbox"/> APRIL 12-14, 2021      *Deadline Date to apply - <b>FEBRUARY 26, 2021</b> <input type="checkbox"/> JUNE 14-16, 2021      *Deadline Date to apply - <b>MAY 7, 2021</b> <input type="checkbox"/> AUG 30-SEPT 1, 2021      *Deadline Date to apply - <b>JULY 16, 2021</b>			AMOUNT DETAILS
<b>NOTE:</b> <u>Applications will not be accepted after the deadline date.</u> 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		DATE ENTERED
<b><u>COSTS</u></b>	<u>Payment of \$262.50 (G.S.T. included) must accompany this completed application form.</u>		MEMBER ID NO.
<b>PAYMENT:</b> <input type="checkbox"/> Payment: \$262.50  Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Card Number _____ Expiry Date _____  Card Holder's Name: _____		ORDER ID
Date: _____ Signature: _____			AMOUNT