



## INTERPROVINCIAL TRANSFER FORM FOR CERTIFIED MEMBERS\* of Applied Science and Engineering Technology Associations

BC     AB     SK     MB     ON     QC     NB     NS     PEI     NL  
 \$112.00    \$105.00    \$100.00    \$112.00    \$100.00    \$111.00    \$100.00    \$100.00    \$100.00    \$115.00

**INSTRUCTIONS TO APPLICANT:** Complete sections A to E, attach all required documentation, and forward the completed form with the transfer fee as noted above to the association / society / ordre in your new province. \*Associate, student, life, honorary, etc. are not transferable. You will be awarded the corresponding title in use in the province you are transferring to. **NOTE: RECLASSIFICATION AND EXAMINATION PROGRAMS FOR CERTIFIED TECHNICIANS MAY NOT BE TRANSFERABLE.** You must be a registered professional in good standing in the province(s) in which you are registered from before a transfer will be accepted. Some provinces may require applicants to pass a Professional Practice Examination or meet other administrative requirements. Applicants are expected to meet the language requirements in the province to which they are transferring.

**PLEASE PRINT**

**A. PERSONAL AND BUSINESS INFORMATION:**       Miss     Ms.     Mrs.     Mr.

**Name:** \_\_\_\_\_  
   **First**    **Middle Initial**    **Surname**

**Maiden Name** (if applicable): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_       Female     Male     Another Gender Identity  
   **Month**    **Day**    **Year**

**Home Address:**  
 Apartment/Suite No.: \_\_\_\_\_ Street: \_\_\_\_\_ Box No.: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone Numbers (include area code) Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Home Email\*: \_\_\_\_\_ Preferred mailing address:  Home     Work

**Business Information/Address:**  
 Employer's name: \_\_\_\_\_  
 Date started: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Suite No.: \_\_\_\_\_ Street: \_\_\_\_\_ Box No.: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone (include area code): \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Work Email\*: \_\_\_\_\_

\* Generic email addresses are **not accepted** (i.e.: abcflowers@)

**B. ACADEMIC ACHIEVEMENTS:**

| Institute, College of Applied Arts & Technology, University | Location | Years in Attendance |    | Diploma, Certificate, or Degree<br>(Obtained in the field of Electrical, Civil, Mechanical, etc.) |
|---|----------|---------------------|----|---|
|   |          | From                | To |   |
|   |          |                     |    |   |
|   |          |                     |    |   |
|   |          |                     |    |   |

**C. CURRENT PROFESSIONAL REGISTRATION:**

1. I am currently a registered / certified:  **TECHNICIAN**  **TECHNOLOGIST**  
in the Province(s) of \_\_\_\_\_ Registration No.: \_\_\_\_\_  
\*List **ALL** provinces in which you hold current registration
2. I  **HAVE**  **HAVE NOT** written the Professional Practice Examination in the Province(s) of \_\_\_\_\_
3. I wish to  **MAINTAIN**  **TERMINATE** my current registration in the Province(s) of \_\_\_\_\_  
upon completion of my transfer to the Province of \_\_\_\_\_.

**D. PRIVACY STATEMENT, APPLICANT'S DECLARATION, AND SIGNATURE: All applicants must answer the following questions.**

**Definition of "Good Character"**

The provincial association that application is being made to, will examine the character of an applicant to determine if he or she meets the good character requirement in any circumstances that provide reasonable grounds to believe that the applicant will not practice applied science/engineering technology in accordance with the provincial association's Act, Bylaws, Code of Ethics and Practice Guidelines, and in particular where the applicant:

- a) has a record for professional misconduct or incompetence
- b) has committed a criminal offense for which a pardon has not been granted pursuant to the *Criminal Records Act*
- c) has been found to be at fault in a civil action suit related to negligence in their professional practice
- d) willfully obtains or attempts to obtain registration or renewal of registration by:
  - i. cheating on an examination
  - ii. making, or cause to be made, a false statement on their application
  - iii. committing any other impropriety during the application process.

I, \_\_\_\_\_, **declare that:** (initial beside each that applies)

- \_\_\_\_\_ a. I have never been refused registration or had registration/certification revoked or suspended by another engineering technology regulator or engineering licensing body.
- \_\_\_\_\_ b. There is no record on any register of any technology regulator or licensing body, of a finding against me of professional misconduct, incapacity or incompetence.
- \_\_\_\_\_ c. I have not been disciplined or had a license restriction in the past by any engineering technology regulator or engineering licensing body, either as an individual or as a corporate officer, nor, to the best of my knowledge, is there any investigation, disciplinary action or license restriction currently pending against me, either as an individual or as a corporate officer.
- \_\_\_\_\_ d. I have never been found guilty of any offence under the Association Act or Bylaws, of another regulator body.
- \_\_\_\_\_ e. I declare that I have never been found guilty of a criminal offence related to the practice of the profession.
- \_\_\_\_\_ f. I affirm that I have read and I am familiar with the current Bylaws, and Code of Ethics and Practice Guidelines applicable to the province in which I am transferring to, and if admitted to that province, I agree to be governed by such.
- \_\_\_\_\_ g. I have read the *Definition of "Good Character"*. (Page 2 – Titled: Definition of "Good Character".)

If you have been disciplined or are currently under investigation, enclose an explanation in a sealed envelope marked "Confidential to the Registrar".

**I solemnly declare that the statements made in this application are true and correct. I acknowledge that any false or misleading statement in this application, or relating to any document in support of this application, including concealment of any material fact, is found to be contrary to the "Definition of "Good Character", it may lead to revocation of my registration.**

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
MONTH DAY YEAR

**Note: Transfer fee is non-refundable and all fees are subject to change without notice.** Applicants who wish to maintain registration with more than one regulator are required to remit annual professional fees to each regulator. Applicants may be charged a professional fee in the new province upon approval as a registered professional.

**E. PAYMENT METHOD:**

|                               |                                     |  |                  |
|-------------------------------|-------------------------------------|--|------------------|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> CHEQUE / MONEY ORDER ENCLOSED | Amount: \$ _____ |
| Card Number: _____            |                                     | Expiry Date: _____ / _____<br>Month Year               |                  |
| Name of Cardholder: _____     |                                     | Signature: _____                                       |                  |

**F. ORIGINATING PROVINCE INFORMATION – FOR STAFF USE ONLY**

This information is to be provided by the province of original registration/certification upon request by the province of new residence.

**Applicant’s Name:** \_\_\_\_\_

1. Information in **Section C** confirmed?  Yes  No  
If no, please explain:

2. Was the applicant a transferee from another province?  Yes  No  
If yes, provide previous province: \_\_\_\_\_

3. Discipline of registration/certification (including specialty or option): \_\_\_\_\_  
Date of registration/certification at the classification level: \_\_\_\_\_  
(mm/dd/yyyy)

4. The applicant has successfully passed the Professional Practice Examination in the Province of \_\_\_\_\_  
on \_\_\_\_\_  
(mm/dd/yyyy)

5. Province of original registration/certification to attach the following documentation:

- Transcripts  Yes
- Academics or File Evaluation Summary  Yes
- Experience Evaluation Summary  Yes
- Reclassification Program  Yes

Current Category of Registration/Certification (Please select exact category)

**TECHNOLOGIST:**  A.Sc.T.  C.E.T.  T.Sc.A.  T.P.  P.Tech.  R.E.T.

**TECHNICIAN:**  C.E.T.  C.Tech.

6. The technologist applicant has completed a technology report.  Yes  No  
If no, please explain:

7. Is the applicant currently under or has been under any investigation, discipline action, or license restriction?  Yes  No  
If yes, please explain:

8. Does the applicant have the current year’s annual professional fee paid in full?  Yes  No  
If yes, registration valid until? \_\_\_\_\_  
(mm/dd/yyyy)

*Affix Seal Here*

**Registrar:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(mm/dd/yyyy)

**G. NEW PROVINCE INFORMATION – FOR STAFF USE ONLY**

Upon acceptance, the “transfer-to” province shall complete this section and return a copy to the “transfer-from” province.

\_\_\_\_\_ (provincial regulator) acknowledges that registration of the above named application was completed on \_\_\_\_\_  
(mm/dd/yyyy)