





CANADIAN COUNCIL OF TECHNICIANS AND TECHNOLOGISTS INTERPROVINCIAL TRANSFER FORM FOR CERTIFIED MEMBERS

Membership categories such as Associate, Student, Life, Honorary, etc. are not transferable. **RECLASSIFICATION AND EXAMINATION PROGRAMS FOR CERTIFIED TECHNICIANS MAY NOT BE TRANSFERABLE.**

Please Note: You must be a member in good standing in the province in which you are registered before a transfer of membership will be accepted. Some provinces may require applicants to successfully 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 to.

INSTRUCTIONS TO APPLICANT

Complete sections **A** to **C**, attach the required documentation, and forward the completed form and applicable transfer fee (taxes included in prices listed below) to the association / society / ordre in your new province of residence:

									
<input type="checkbox"/> BC \$53.50	<input type="checkbox"/> AB \$50.00	<input type="checkbox"/> SK \$50.00	<input type="checkbox"/> MB \$50.00	<input type="checkbox"/> ON \$53.50	<input type="checkbox"/> PQ \$50.00	<input type="checkbox"/> NB \$50.00	<input type="checkbox"/> NS \$50.00	<input type="checkbox"/> PEI \$50.00	<input type="checkbox"/> NF \$50.00

A. GENERAL INFORMATION

Name _____	[] Mrs.
(Family Name) _____	[] Miss
(Given Names) _____	[] Ms.
	[] Mr.
	[] Dr.
Residence Mailing _____	
Address _____	
(City)	(Province)
(Postal Code)	
Telephone No. (_____) _____	(_____) _____
(Home)	(Fax)
Date Of Birth: _____	Home E-Mail: _____
MM / DD / YY	

Present Employer: _____

Work Address: _____

(City) (Province) (Postal Code)

Telephone No. (_____) _____ Extension # _____ (_____) _____

(Work) (Fax)

Work E-Mail: _____ Cell Phone #: (_____) _____

Present Job Title: _____ Date started in this position: _____

B. EDUCATION

Complete the following summary of your academic achievement in detail.

Name and Location of Institute, College or University	Years in Attendance		Program Name & Level Achieved (Diploma, Certificate, Degree, etc.)
	From	To	

C. APPLICANT DECLARATION

I understand that misrepresentation made by me, may adversely affect my transfer to another province.

I am currently a certified **TECHNICIAN / TECHNOLOGIST** in the Province of _____

I **have** / **have not** written the Professional Practice Examination in the Province of _____

Membership classification: Technician Technologist Membership Number _____

I wish to **maintain** **terminate** my membership in the Province of _____ upon completion of my transfer to the association / society / ordre in my new province of residence.

(Some provinces may offer non-resident rates)

Have you ever been a member of another Applied Science / Engineering Technology Society or Association in a province of Canada? Yes No If yes, indicate the province: _____ When: _____

Membership Classification: _____ Membership No. _____

I understand that for the transfer to take effect, a copy of my academic records will be transferred from the Association / Society / Ordre in which I am making application for transfer.

FROM _____
(Originating Association / Society / Ordre)

TO _____
(New Association / Society / Ordre)

Note: Foreign language documentation must be accompanied by a certified English translation (French in Québec or either language in New Brunswick).

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED BY ME ON THIS FORM (INCLUDING ATTACHMENTS THERETO) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO ABIDE BY THE CODE OF ETHICS, ACT AND REGULATIONS, OR BYLAWS OF THE ASSOCIATION / SOCIETY / ORDRE TO WHICH I AM TRANSFERRING.

SIGNATURE _____ DATE _____

D. ORIGINATING CONSTITUENT MEMBER (CM) INFORMATION – FOR STAFF USE ONLY

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

Applicant Name: _____

1. Information in Section C confirmed? YES NO If no, provide details: _____

2. Was the applicant a transferee from another CM? YES NO If yes, provide previous CM name: _____

3. CCTT Discipline of Registration (including specialty or option): _____

Date of certification at this classification level: _____
Month Day Year

4. The applicant has successfully passed the Professional Practice Examination in the Province of _____
on _____
(MM / DD / YY)

5. **DOCUMENTATION ATTACHED::**

- ACADEMICS OR FILE EVALUATION SUMMARY YES NO
- EXPERIENCE EVALUATION SUMMARY YES NO
- RECLASSIFICATION PROGRAM YES NO

• CURRENT CATEGORY OF MEMBER REGISTRATION (Please select the member's exact level of membership:

TECHNOLOGIST

- A.Sc.T.
- AScT
- C.E.T.
- CET
- T.Sc.A.
- T.P.
- PTech

TECHNICIAN

- C.E.T.
- CET
- C.Tech.
- CTech

• TECHNOLOGIST APPLICANTS HAVE COMPLETED AN APPLIED RESEARCH PROJECT YES NO

• IF NO, PLEASE EXPLAIN _____

• DOES APPLICANT HAVE CURRENT YEAR'S DUES PAID IN FULL? YES NO

• IF YES, DUES VALID UNTIL? _____

• DATE: _____
MM / DD / YY Registrar's Signature

AFFIX SEAL HERE

E. NEW CONSTITUENT MEMBER INFORMATION – FOR STAFF USE ONLY

Upon acceptance, the "transfer-to" constituent member society shall complete this section and return a copy to the "transfer-from" constituent member society.

The _____ association / society / ordre hereby acknowledges that registration on the above named applicant was completed on _____ (MM / DD / YY).