



Certified
Technology
Professionals

202 Brownlow Avenue unit 310
Dartmouth NS, B3B 1T5

info@technova.ca
www.technova.ca

Tel: (902) 463-3236
Fax: (902) 465-7567
Toll-free: 1-866-723-8867

Application Form

FOR OFFICE USE ONLY

MEMBERSHIP NO. _____

DATE RECEIVED _____

APPLICATION FEE RECEIVED

1. PERSONAL INFORMATION (Please print)

The information provided in this form is confidential except as required by law or for internal administrative purposes.

Name: _____
Surname Given name & initial

Residence Address: _____
Street
City Postal Code Tel: _____

Business Address: _____
Street
City Postal Code Tel: _____ Fax: _____

E-mail: _____ Work E-mail: _____ Home

Date of Birth: _____ For statistical purposes only Mailing Address: Business Residence

2. MEMBERSHIP GRADES - FOR OFFICE USE ONLY New Applicant Application to Upgrade

3. EDUCATION

An official transcript of marks MUST be submitted on your behalf and at your expense by the school, institute or university directly to the office. Reproductions of all relevant diplomas and certificates must be submitted with this application. Foreign language certificates and transcripts must be accompanied by an official English translation. A syllabus or outline of courses completed at institutions other than accredited or approved institutions will be required to assist the Certification Board in evaluating your credentials and ensuring maximum credit is awarded for your academic record. Military applicants must enclose a MMPB.

SECONDARY SCHOOL

Name: _____ Location: _____

Grade 12 Diploma obtained including Algebra, Geometry, Trigonometry and Physics: Yes No Year Diploma granted: _____

POST SECONDARY EDUCATION

Name and address of institute, college or university	Years in attendance From To	Diploma, certificate or degree (state discipline and option)

PART-TIME STUDIES

Correspondence: Night School Employer Sponsored Special Courses, etc.

Name of School	Location	Subject	Dates	Hours of Instruction	Supervised Exams	
			From/To		Yes	No

4. EXPERIENCE

Only relevant technical experience should be included. Candidates for full certification (C.Tech, CET, ASCT) must have a minimum of two years related work experience verified by a Certified Engineering Technologist, Certified Engineering Technician, Professional Engineer, or other Technology Professional.

Present Employer: _____ Supervisor: _____

Address: _____

Employer's Business: _____

Present Job Title: _____

From: _____ To: _____

Detailed description of present position, including duties, and if possible, degree of responsibility. (ie: supervisory position, senior position, etc.)

VERIFICATION (If verification is on a separate sheet, it must also be signed.)

From personal knowledge I declare that the above position description is a fair statement of the applicant's present duties and responsibilities.

Name (please print)

Signature

Phone

Fax

- CET C.Tech ASCT P.Eng. Other Technology Professional

PREVIOUS TECHNICAL EXPERIENCE

Dates From To	Job Title	Supervisor's Name	Supervisor's Title	Employer's Name and Address

JOB DESCRIPTION

Dates From To	Job Title	Supervisor's Name	Supervisor's Title	Employer's Name and Address

JOB DESCRIPTION

Dates From To	Job Title	Supervisor's Name	Supervisor's Title	Employer's Name and Address

JOB DESCRIPTION

5. REFERENCES

Names and complete addresses (including postal codes) of at least two persons — preferably members of TechNova or other professional associations — who are in a position to attest to your technical experience, one of which must be an immediate supervisor, past or present.

Immediate Supervisor: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Name: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

