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Professional Technologist (Engineering) APPLICATION

All information supplied shall be used only for the P.Tech. (Eng.) evaluation purpose

- 1. Name: Mr./Ms./Mrs. _____ ASET number _____
2. Technical Program Graduated From: _____ Year _____
3. Residential Address _____

Telephone No.: _____ Fax: _____ Email: _____

- 4. Business Name & Address _____

Telephone No.: _____ Fax: _____ Email: _____

Please forward all correspondence to: Residence [] Business []

- 5. Please provide names and contact information (specifically a non-generic email address) for a minimum of three referees who can collectively attest to a minimum of six years of your personal contribution and influence related to engineering activities, with at least two years of which are in your proposed scope of practice and were completed under the supervision and control of a professional member. The referees must be a P.Tech. (Eng), P.L. (Eng.), or a P.Eng. who, as your supervisor or staff executive, will have a detailed knowledge of your experience. If possible, one of these persons should be your most current supervisor with an up-to-date familiarity with your abilities. These individuals will be contacted by ASET for a confidential reference. It is highly recommended that you discuss the contents of your P.Tech. (Eng) application with your references prior to applying to ensure they have adequate knowledge of your engineering experience and will provide their support.

(a) Name _____ Professional Designation _____
Position/Title: _____
Non-Generic Email Address _____ Phone # _____
Mail Address _____

(b) Name _____ Professional Designation _____
Position/Title: _____
Non-Generic Email Address _____ Phone # _____
Mail Address _____

(c) Name _____ Professional Designation _____
Position/Title: _____
Non-Generic Email Address _____ Phone # _____
Mail Address _____

- 6. Have you ever been found guilty of, is there an outstanding judgment against you for:
a) Unprofessional conduct or unskilled practice by a professional organization or agency? [] Yes [] No
b) An offence under the EGGP Act or regulations or equivalent legislation in other jurisdictions? [] Yes [] No
c) Any criminal offence? [] Yes [] No
d) Negligence due to unskilled practice of the professions in any civil actions made against you? [] Yes [] No

7. Please provide work experience details on the Work Experience Questionnaire form.

8. Please list successfully completed professional development subsequent to your C.E.T / R.E.T application. Specify type i.e. distance learning, in-class, employer sponsored, 'in-house', special, etc. Attach additional sheets if insufficient space.

Course & Content: _____

_____ Completion Date _____ No. of hours: _____

Course & Content: _____

_____ Completion Date _____ No. of hours: _____

Course & Content: _____

_____ Completion Date _____ No. of hours: _____

Course & Content: _____

_____ Completion Date _____ No. of hours: _____

Course & Content: _____

_____ Completion Date _____ No. of hours: _____

Course & Content: _____

_____ Completion Date _____ No. of hours: _____

9. List all community and professional contributions of time and expertise including involvement in professional associations, awards of merit, special presentations, published technical papers, teaching of technical subjects etc.

10. To the best of my knowledge, the information supplied on this document and in the Work Experience Questionnaire is true and all documentation included in support of my application is authentic. I reaffirm that I will abide by ASET's Code of Ethics, Objects and Bylaws.

Applicant's signature _____ Date _____

Visa/Mastercard _____ Expiry Date: _____ Signature _____

Please enclose the \$225.00 Application Fee (or call the ASET office to pay over the phone)