

Continued Competency Assurance Program

General Information

Name:	
Member #:	
Home Address:	
Employer:	
Business Address:	
Title/Position:	
Telephone:	
Fax:	
Email:	
Date of Graduation: (Bachelor)	
Discipline:	
University:	

Please check one :

- I have reviewed the requirements for Continuing Competency Assurance and Professional Development outlined in Part 2 of the Guideline and my record of Professional Development Activity Record is completed and attached hereto. To the best of my knowledge and belief, I certify that I am in compliance with the requirements outlined in Part 2 of this Guideline.
- I request that I be granted an exemption (Part 1.4 of the Guideline) from the Review Process on the following grounds:

Signature : _____ **Date :** _____

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Professional Development and Continued Competency Review Information

Name:

Member #:

Please attach a copy of your resume **OR** complete the following form:

SCOPE OF PRACTICE - Please describe the nature of your practice of engineering or geoscience:

How long have you held your current position?

How long have you worked for your current employer?

How long have you worked in your current field of practice?

In which specific fields of practice do you consider yourself competent to practice engineering/geoscience?

- 1.
- 2.
- 3.

Duties:

Level of Responsibility:

Knowledge, Skills, and Judgement Required:

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Professional Development and Continued Competency Review Information

Name:

Member #:

Provide a representative list of projects you have completed or worked on during the past two years. State your role/function within the project.

PROJECT	ROLE/FUNCTION	COMPLETED?	
		YES	NO

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Professional Development and Continued Competency Review Information

Name:

Member #:

Identify the technical resources available to you to assist in providing professional services. Resources should include peer professionals available to provide guidance in mentoring or in technical reviews and design; other resources include equipment aids such as computers or specialized tools of the trade.

x
x
x

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Professional Development and Continued Competency Review Information

Name:

Member #:

Describe any quality control programs in effect in your organization which you use routinely:

x

Describe your involvement in any mentoring or education programs:

x

Describe your involvement in community and APEGNB affairs:

x