



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

### Instructions to Applicant

Complete sections A to C, attach the required documentation, and forward the completed form and applicable transfer fee of \$50 plus applicable taxes, as listed below, to the association/society/ordre in your new province.

BC     AB     SK     MB     ON     QC     NB     NS     PEI     NL  
 \$52.50    \$52.50    \$50.00    \$50.00    \$56.50    \$56.43    \$56.50    \$57.50    \$52.50    \$56.50

### A. GENERAL INFORMATION

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	Date of Birth (mm/dd/yyyy):
First Name: _____ Initial: _____	Last Name: _____

#### Residence Mailing Address

#### Present Employer Address

Number & Street	Number & Street
Apartment/Suite	Suite
City/Town	City/Town
Province	Province
Postal Code	Postal Code

#### Telephone (including area code)

#### Email

Residence:	Residence:
Business:	Business:
Cell:	

#### Employment

Present Job Title:
Date started in this position:

\* Membership categories such as Associate, Student, Life, Honorary, etc. are not transferable. You will be awarded the corresponding title in use in your new province. **RECLASSIFICATION AND EXAMINATION PROGRAMS FOR CERTIFIED TECHNICIANS MAY NOT BE TRANSFERABLE.** 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 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.

## 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

1. I understand that any misrepresentation made by me, may adversely affect my transfer to another province.
2. I am currently a certified TECHNICIAN  TECHNOLOGIST  in the Province of \_\_\_\_\_  
Membership #: \_\_\_\_\_
3. I **have**  **have not**  written the Professional Practice Examination in the Province of \_\_\_\_\_
4. 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)*

In addition to the above, 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 #: \_\_\_\_\_

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 certify that the information supplied by me on this form (including the attachments) 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: \_\_\_\_\_  
(mm/dd/yyyy)

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

This information is to be provided by the province of original registration upon request by the province 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 province? Yes  No

If yes, provide previous province: \_\_\_\_\_

3. Discipline of registration (including specialty or option): \_\_\_\_\_  
Date of 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. Documentation (attached):  
Transcripts Yes  No   
Academics or File Evaluation Summary Yes  No   
Experience Evaluation Summary Yes  No   
Reclassification Program Yes  No

Current Category of Member Registration (Please circle the member’s exact level of membership)

TECHNOLOGIST: A.Sc.T. ASCT C.E.T. CET T.Sc.A. T.P. P.Tech.

TECHNICIAN: C.E.T. CET C.Tech. CTech

The technologist applicant has completed a technology report. Yes  No

If no, please explain. \_\_\_\_\_

Does applicant have current year’s dues paid in full?  Yes  No

If yes, dues valid until? \_\_\_\_\_ (mm/yyyy)

Affix Seal Here

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

\_\_\_\_\_  
(Registrar’s Signature)

**E. 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.

\_\_\_\_\_ acknowledges that registration of the above named applicant  
(Association/Society/Ordre)

was completed on \_\_\_\_\_  
(mm/dd/yyyy)