

# INTERPROVINCIAL TRANSFER FORM

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	<input type="checkbox"/> AB	<input type="checkbox"/> SK	<input type="checkbox"/> MB	<input type="checkbox"/> ON	<input type="checkbox"/> QC	<input type="checkbox"/> NB	<input type="checkbox"/> NS	<input type="checkbox"/> PEI	<input type="checkbox"/> NL
\$52.50	\$50.00	\$50.00	\$50.00	\$52.50	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00

### A. GENERAL INFORMATION

Name \_\_\_\_\_  Mrs.  
 Miss  
 Ms.  
 Mr.  
 Dr.

*(First Name)*                      *(Middle Name)*                      *(Last Name)*

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 ASSOCIATION MEMBERSHIP INFORMATION – FOR STAFF USE ONLY**

This information is to be provided by the provincial body of original registration upon request of 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 Association?  YES  NO  
If yes, provide previous Association name: \_\_\_\_\_

3. Discipline of Registration (including specialty or option): \_\_\_\_\_  
Date of registration 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: \_\_\_\_\_ AFFIX SEAL HERE  
MM / DD / YY Registrar's Signature

**E. NEW ASSOCIATION MEMBERSHIP INFORMATION – FOR STAFF USE ONLY**

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

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