



# Application for ENGINEER-IN-TRAINING ENROLMENT

For office use: # _____
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**Instructions:** This form will become the Association's basic source of information. It is essential that all parts of it be completed carefully and legibly. Forward the completed form to the above address.

A. Last Name First Name Middle Name

Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Other \_\_\_\_\_

I hereby make application under the Engineering Profession Act to be enrolled as an Engineer-In-Training (EIT)

Canadian Citizen Date of Birth: \_\_\_\_\_  
 Landed Immigrant  
 Is English your first language?  Yes  No  
 (If no, you may be required to provide documentation of proficiency in English.)

B. **Residence Address:**

Street/P.O. Box/Etc \_\_\_\_\_ Apt/Unit # \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Home Tel (\_\_\_\_) \_\_\_\_\_ Home Email \_\_\_\_\_

C. **Name of Employer**

Street/P.O. Box/Etc \_\_\_\_\_ Apt/Unit # \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Business Tel (\_\_\_\_) \_\_\_\_\_ Business Fax \_\_\_\_\_  
 Business Email \_\_\_\_\_  
 Job Title: \_\_\_\_\_

D. I qualify in the discipline of: (CHECK ONE ONLY)

<input type="checkbox"/> Civil	<input type="checkbox"/> Chemical	<input type="checkbox"/> Agriculture/Biological	<input type="checkbox"/> Industrial
<input type="checkbox"/> Electrical	<input type="checkbox"/> Geological	<input type="checkbox"/> Metallurgical	<input type="checkbox"/> Computer
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Mining	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Other: _____

E. **Post-Secondary Education** (College, Technical Institute, University)

Dates	Institution / Location	Degree Granted	Graduation Date

**Note:** For enrolment as an Engineer-In-Training, proof of graduation date and engineering discipline is required from the Registrar, sent directly to Engineers PEI.

**Please note:** Internationally educated graduates must apply for a WES ICAP (World Education Services International Credential Advantage Package) evaluation. Visit [www.EngineersPEI.com/node/403](http://www.EngineersPEI.com/node/403) for more information and to begin the process.

**F. Statement and Certification**

Have you ever made application for registration in this and/or any other Association/Order of Professional Engineers in Canada?       Yes       No

If yes, please provide full details of the history and current status of the application.

Has such application been rejected?       Yes       No

If previous application has been rejected give details:

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**G. References**

Please provide contact information for two people who will answer enquiries as to your character. It is customary that those listed may be asked to supply letters of reference.

A)	Name:	
	Address:	
	Telephone:	Email:
B)	Name:	
	Address:	
	Telephone:	Email:

Candidates for registration as Professional Engineers in the Association of Professional Engineers of Prince Edward Island are required to write and successfully pass the National Professional Practice Exam (NPPE). It is recommended that applicants have at least one year of work experience after completion of their formal education before the exam is attempted. It is conducted five times per year, and deals with professionalism, professional practice, regulatory authority requirements, law and legal concepts, and the Act, Bylaws and Code of Ethics.

For additional requirements of the EIT Program, please refer to the Association’s Guideline for the Engineer-In-Training Program.

I declare the statement made on this form to be true and correct to the best of my knowledge and belief. I have read and understand, and agree to be governed by the Act, By-Law and Code of Ethics of the Association of Professional Engineers of Prince Edward Island.

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Signature Date

**DUES AND FEES ENCLOSED**

Registration Fee \$ 25.00 + Dues\*\* \$100.00 = \$125.00 enclosed. (Cash or cheque only)

Please submit all fees and dues with this application to the address shown above.

**\*\*Dues are on a calendar year basis.**

FOR OFFICE USE:	File No.	Date Received
RECOMMENDED APPROVAL:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Executive Director’s Approval:	Date:	