

## REINSTATEMENT FORM

*Reinstatements are only required for those members who have been "struck off" or "removed".*

PERSONAL	
FORMER MEMBER #	
NAME	FULL GIVEN NAMES FAMILY NAME
DATE OF BIRTH	YYYY MM DD
RESIDENCE ADDRESS	
EMAIL	
TELEPHONE	CELL PHONE

PROFESSIONAL	
EMPLOYER	
BUSINESS ADDRESS	
EMAIL	
TELEPHONE	CELL PHONE
JOB TITLE	

- I have attached a copy of my current CV/résumé **(required)**
- I have logged into *myAPEGNB* and have updated my continuing professional development hours (PDH). **(required)**

### STATEMENTS AND CERTIFICATION

- Have you ever made application for registration in any other Association / Ordre of Professional Engineers or Geoscientists?
  - No  Yes

If “Yes”, has such application been rejected?

No  Yes

If “Yes”, provide details:

2. Have you ever been, or are you now, under discipline in any other jurisdiction?

No  Yes

If “Yes”, provide details:

3. I hereby make an application under the **Engineering and Geoscience Professions Act** to be registered in New Brunswick.

*I agree, as a condition of APEGNB granting me membership and as a requirement under the Code of Ethics, that I will immediately advise APEGNB of:*

- *any resignation of membership or licensure by me from another professional regulatory body;*
- *any disciplinary action taken against me by another professional regulatory body;*
- *any conviction for a regulatory or criminal offence; or*
- *any settlement or consent agreement or similar agreement with a regulatory body.*

*I agree, as a condition of APEGNB granting me membership or licensure, that my membership or licence with APEGNB will be subject to the same conditions, restrictions or terms that have been imposed on my membership or licence with another professional regulatory body as a result of disciplinary action.*

*I declare that all of the above statements are complete and correct to the best of my knowledge and belief. I understand that a false statement or failure to provide the information requested may, at any time, disqualify me from registration/enrollment. I authorize APEGNB to obtain such additional information as it may deem appropriate, from such additional sources as it may deem appropriate for the processing of my application. If granted enrollment/registration, or a licence, I hereby agree to abide by the terms of the Association of Professional Engineers and Geoscientists of New Brunswick **Engineering and Geoscience Professions Act** and the Association’s By-Laws and Code of Ethics.*

SIGNATURE

DATE