



TRANSFER FORM FOR REGISTERED PROFESSIONALS

Complete sections A to F, attach all required documentation, and forward the completed form with the transfer fee of \$50.00. Associate, student, life, honorary, etc. are not transferable. You will be awarded the corresponding title in use in Saskatchewan. **NOTE: RECLASSIFICATION AND EXAMINATION PROGRAMS FOR CERTIFIED TECHNICIANS MAY NOT BE TRANSFERABLE.** You must be a registered professional in good standing in the province(s) in which you are registered before a transfer 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.

PLEASE PRINT

A. PERSONAL AND BUSINESS INFORMATION: Miss Ms. Mrs. Mr.

Name: _____
First Middle Initial Surname

Maiden Name (if applicable): _____

Date of Birth: _____ Female Male Another Gender
Month Day Year

Home Address:

Apartment/Suite No.: _____ Street: _____ Box No.: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Numbers (include area code) Home: _____ Cell: _____

Home Email*: _____ Preferred mailing address: Home Work

Business Information/Address:

Employer's name: _____

Date started: _____ Job Title: _____

Suite No.: _____ Street: _____ Box No.: _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone (include area code): _____ Cell: _____ Fax: _____

Work Email*: _____

* Generic email addresses are **not accepted** (i.e.: abcflowers@)

B. ACADEMIC ACHIEVEMENTS:

Institute, College of Applied Arts & Technology, University	Location	Years in Attendance		Diploma, Certificate, or Degree <small>(Obtained in the field of Electrical, Civil, Mechanical, etc.)</small>
		From	To	

C. CURRENT PROFESSIONAL REGISTRATION:

1. I am currently a registered / certified: **TECHNICIAN** **TECHNOLOGIST**
 in the Province(s) of _____ Registration No.: _____
 *List **ALL** provinces in which you hold current registration
2. I **HAVE** **HAVE NOT** written the Professional Practice Examination in the Province(s) of _____
3. I wish to **MAINTAIN** **TERMINATE** my current registration in the Province(s) of _____ upon completion of my transfer to Technology Professionals Saskatchewan.

D. PROFESSIONAL REGISTRATION HISTORY:

Have you previously submitted an application to, or were previously registered with other regulators in Canada? Yes No
 If **YES**, which of the following: (*Identify ALL provinces*)

REGULATOR	Classification (ie: A.Sc.T., P.Tech.)	Is application currently in process?	Applied but did not complete registration process	Were previously registered	Are currently registered?	Application was denied
<input type="checkbox"/> AETTNL (NL)		<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> ASET (AB)		<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> ASTTBC (BC)		<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> CTTAM (MB)		<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> ITP (PE)		<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> NBSCETT (NB)		<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> OACETT (ON)		<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> OTPQ (QC)		<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> TECHNOVA (NS)		<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> TPS (SK)		<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I understand that for the transfer to take effect, any relevant and/or required information, and a copy of my academic records will be transferred from the regulator in which I currently hold registration.

Note: Foreign language documentation must be accompanied by a certified English translation.

E. TECHNOLOGY PROFESSIONALS SASKATCHEWAN PRIVACY STATEMENT, APPLICANT'S DECLARATION, AND SIGNATURE:

Technology Professionals Saskatchewan maintains address information of all registrants to keep them informed of pertinent issues and to prepare annual invoices. Technology Professionals Saskatchewan ensures that this information is secure and that the privacy of all registrants is respected. On occasion, mailing information is made available to suppliers of Technology Professionals Saskatchewan registered benefit programs or other organizations to provide registrants with information pertinent to their careers. These one-time-use agreements are strictly limited by contract for specific Technology Professionals Saskatchewan approved promotions. Registrant's email addresses are never provided to outside organizations or individuals.

Technology Professionals Saskatchewan Bylaws and Policies require that all applicants be of good character to attain registration. All applicants must answer the following questions. If you have any questions regarding these statements, contact the Technology Professionals Saskatchewan Registrar.

Definition of "Good Character"

The provincial association that application is being made to, will examine the character of an applicant to determine if he or she meets the good character requirement in any circumstances that provide reasonable grounds to believe that the applicant will not practice applied science/engineering technology in accordance with the Provincial Association's Act, Bylaws, Code of Ethics and Practice Guidelines, and in particular where the applicant:

- a) has a record for professional misconduct or incompetence
- b) has committed a criminal offense for which a pardon has not been granted pursuant to the *Criminal Records Act*
- c) has been found to be at fault in a civil action suit related to negligence in their professional practice
- d) willfully obtains or attempts to obtain registration or renewal of registration by:
 - i. cheating on an examination
 - ii. making, or cause to be made, a false statement on their application
 - iii. committing any other impropriety during the application process.

I, _____, **declare that:** (initial beside each that applies)

- _____ a. I have never been refused registration or had registration/certification revoked or suspended by another engineering technology regulator or engineering licensing body.
- _____ b. There is no record on any register of any technology regulator, or licensing body, of a finding against me of professional misconduct, incapacity or incompetence.
- _____ c. I have not been disciplined or had a license restriction in the past by any engineering technology regulator or engineering licensing body, either as an individual or as a corporate officer, nor, to the best of my knowledge, is there any investigation, disciplinary action or license restriction currently pending against me, either as an individual or as a corporate officer.
- _____ d. I have never been found guilty of any offence under the Association Act or Bylaws, of another regulator body.
- _____ e. I declare that I have never been found guilty of a criminal offence related to the practice of the profession.
- _____ f. I affirm that I have read and I am familiar with the current "Saskatchewan Applied Science Technologists and Technicians Act", Technology Professionals Saskatchewan Administrative Bylaws, and Code of Ethics and Practice Guidelines which I have made application to transfer to, and if admitted to Technology Professionals Saskatchewan, I agree to be governed by the "Saskatchewan Applied Science Technologists and Technicians Act", Technology Professionals Saskatchewan Administrative Bylaws, and Code of Ethics and Practice Guidelines.
- _____ g. I have read the *Definition of "Good Character"*. (Page 2 – Titled: Definition of "Good Character".)

If you have been disciplined or are currently under investigation, enclose an explanation in a sealed envelope marked "Confidential to the Registrar".

I solemnly declare that the statements made in this application are true and correct. I acknowledge that any false or misleading statement in this application, or relating to any document in support of this application, including concealment of any material fact, is found to be contrary to the Technology Professionals Saskatchewan *Definition of "Good Character"*, it may lead to revocation of my registration.

Date: _____ Applicant's Signature: _____
MONTH DAY YEAR

Date: _____ Witness' Signature: _____
MONTH DAY YEAR Witness (must be over 18 years of age)

Witness' Name & Phone Number (please print) _____

F. PAYMENT METHOD:

Note: Transfer fee is non-refundable and all fees are subject to change without notice. Applicants who wish to maintain registration with more than one regulator are required to remit annual professional fees to each regulator. Applicants may be charged a professional fee in the new province upon approval as a registered professional.

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
<input type="checkbox"/> CHEQUE / MONEY ORDER ENCLOSED (MADE PAYABLE TO: Technology Professionals Saskatchewan)
Amount: \$ _____
Card Number: _____ Expiry Date: _____ / _____ Month Year
Name of Cardholder: _____ Signature: _____

G. ORIGINATING PROVINCE INFORMATION – FOR STAFF USE ONLY

This information is to be provided by the province of original registration/certification upon request by the province of new residence.

Applicant’s Name: _____

1. Information in **Section C** confirmed? Yes No
If no, please explain:

2. Was the applicant a transferee from another province? Yes No
If yes, provide previous province: _____

3. Discipline of registration/certification (including specialty or option): _____
Date of registration/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. Province of original registration/certification to attach the following documentation:

- Transcripts Yes
- Academics or File Evaluation Summary Yes
- Experience Evaluation Summary Yes
- Reclassification Program Yes

Current Category of Registration/Certification (Please select exact category)

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

TECHNICIAN: C.Tech.

6. The technologist applicant has completed a technology report. Yes No
If no, please explain:

7. Is the applicant currently under or has been under any investigation, discipline action, or license restriction? Yes No
If yes, please explain:

8. Does the applicant have the current year’s annual professional fee paid in full? Yes No
If yes, registration valid until? _____
(mm/dd/yyyy)

Affix Seal Here

Registrar: _____

Date: _____
(mm/dd/yyyy)

H. 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.

_____ (provincial regulator) acknowledges that registration of the above named application was completed on _____
(mm/dd/yyyy)