

## CANADIAN COUNCIL OF TECHNICIANS AND TECHNOLOGISTS INTERPROVINCIAL TRANSFER FORM FOR CERTIFIED MEMBERS

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:





















[ ] BC \$53.50 [ ] AB \$50.00

[] SK \$50.00

[ ] MB \$50.00

[ ] ON \$53.50

[ ] PQ \$50.00 [] NB \$50.00

[] NS \$50.00

[ ] PEI \$50.00

[] NF \$50.00

A. GENERAL INF			[ ] Mrs. [ ] Miss		
Name (Family Name)		(Given Names)	[ ] Ms. [ ] Mr.		
Residence Mailing _			[ ] Dr.		
A -1-1	(City)		(Postal Code)		
Telephone No. (	)(Home)		(Fax)		
Date Of Birth:	MM / DD / YY				
Present Employer:					
Work Address:					
_	(City)	(Province)	(Postal Code)		
Telephone No. (	) Extension # _	(	(Fax)		
Work E-Mail:	Cell Phone #: ( )				
Present Job Title:	Date started in this position:				

B. EDUCATION					
Complete the following summary of your a	academic achieve	ement in deta	il.		
Name and Location of Institute, College or	Years in Attendance		Program Name & Level Achieved		
University	From	То	(Diploma, Certificate, Degree, etc.)		
C. APPLICANT DECLARATION					
I understand that misrepresentation made	by me, may adv	ersely affect i	my transfer to another province.		
I am currently a certified <b>TECHNICIAN / TECHNOLOGIST</b> in the Province of					
I [ ] have / [ ] have not written the Professional Practice Examination in the Province of					
Membership classification: [ ] Technician	n [] Technolo	gist Membe	ership Number		
I wish to [] maintain [] terminate my membership in the Province ofupon 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:					
iviembership Classification.		IVIEI	incersilip No.		
I understand that for the transfer to to from the Association / Society / Ordre in FROM	n which I am ma	aking applica	ation for transfer.		
то					
(N	ew Association / S	ociety / Ordre)			
<b>Note:</b> Foreign language documentation mus either language in New Brunswick).	t be accompanied	by a certified	English translation (French in Québec or		
I HEREBY CERTIFY THAT THE INFO ATTACHMENTS THERETO) IS TRU FURTHER AGREE TO ABIDE BY BYLAWS OF THE ASSOCIATION / SO	E AND CORRI THE CODE (	ECT TO TH OF ETHICS,	E BEST OF MY KNOWLEDGE. I ACT AND REGULATIONS, OR		
SIGNATURE		DA	TE		

D.	ORIGINATING CONSTITUENT MEMBER (CM) INFORMATION – FOR STAFF USE ONLY				
Th	s information is to be provided by the CM of original registration upon request of the CM of new residence.				
Ар	olicant Name:				
1.	Information in Section <b>C</b> confirmed? [ ] YES [ ] NO If no, provide details:				
2.	Was the applicant a transferee from another CM? [ ] YES [ ] NO If yes, provide previous CM name:				
3.	TT Discipline of Registration (including specialty or option):				
	Date of certification at this classification level:  Month  Day  Year				
4.	The applicant has successfully passed the Professional Practice Examination in the Province ofon  (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:				
	☐ <u>TECHNOLOGIST</u> ☐ <u>TECHNICIAN</u>				
	[ ] A.Sc.T. [ ] C.E.T. [ ] AScT [ ] CET [ ] C.E.T. [ ] C.Tech. [ ] CET [ ] T.Sc.A. [ ] T.P. [ ] PTech				
•	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				
Up	NEW CONSTITUENT MEMBER INFORMATION – FOR STAFF USE ONLY on acceptance, the "transfer-to" constituent member society shall complete this section and return a copy the "transfer-from" constituent member society.				
Th ab	association / society / ordre hereby acknowledges that registration on the ove named applicant was completed on (MM / DD / YY).				