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## 2016 PRACTICE PERMIT APPLICATION

Under Section 32(1) of the *Regulated Forestry Profession Act*, a regulated member **MUST** submit a completed application for a practice permit on an **ANNUAL BASIS**. Failure to submit an **Annual Practice Permit Application** will result in suspension or cancellation of registration.

Please complete this form and return it to the College office by **October 15, 2016**.

**PART A: Register Information**

|   |       |                           |             |
|---|-------|---------------------------|-------------|
| Registration #:   |       | Date of Birth (mm/dd/yy): |             |
| Given Names:  |       | Preferred Name:           |             |
| Surname:  |       | *Nee:                     |             |
| Home / Mailing Address:   |       |                           |             |
| City/Town:  | Prov: | Postal Code:              |             |
| Home Phone:   |       |                           | Cell Phone: |
| Home E-Mail Address:  |       |                           |             |
| Employer: (if government, include division)   |       |                           |             |
| Area of Responsibility / Job Title:   |       |                           |             |
| Employer's Address:   |       |                           |             |
| City/Town:  | Prov: | Postal Code:              |             |
| Business Phone:   |       |                           | Fax:        |
| Business E-Mail:  |       |                           |             |
| I prefer to receive College information at :      HOME                  WORK                  (please circle) |       |                           |             |

As per the Personal Information Privacy Act

I have reviewed the Register information and provided necessary updates and I hereby authorize the College to verify any of the above information.

I consent to the above declaration:

I DO NOT consent to the above declaration:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:  
(mm/dd/yy)

**PART B: Continuing Competence Reporting Form**

| Member's Name:   |          | Registration #:                                   |                   | Reporting Period: <b>October 1, 2013 – September 30, 2016</b> |   |   |               |
|--|----------|---|-------------------|---|---|---|---------------|
| Date(s)  | Location | Name of Successfully Completed Course or Activity | Sponsoring Agency | **Hours by Category for Activity                              |   |   | Category Area |
|  |          |   |                   | 1   | 2 | 3 |               |
|  |          |   |                   |   |   |   |               |
|  |          |   |                   |   |   |   |               |
|  |          |   |                   |   |   |   |               |
|  |          |   |                   |   |   |   |               |
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|  |          |   |                   |   |   |   |               |
|  |          |   |                   |   |   |   |               |
|  |          |   |                   |   |   |   |               |
|  |          |   |                   |   |   |   |               |
|  |          |   |                   |   |   |   |               |
| <b>**TOTAL REPORTABLE HOURS:</b> <i>Round hours down to the nearest 1/10 of an hour.</i> |          |   |                   |   |   |   |               |

**\*\* HOURS TO BE REPORTED ARE THE HOURS THAT IT TOOK TO COMPLETE THE ACTIVITY. THE COLLEGE WILL CONVERT THE REPORTED CATEGORY 2 AND 3 HOURS USING A 5:1 RATIO (5 HOURS OF ACTIVITY TIME TO 1 HOUR OF COMPETENCY TIME).**

- I have no hours to submit for this reporting period.
- Due to extenuating circumstances (i.e. illness, leave of absence, seasonal work) the hours I can claim for this reporting period have been affected.

PLEASE KEEP ALL RECORDS FOR 5 YEARS.

I understand that the information I submitted on this Continuing Competence Reporting Form is subject to audit, and that the results of the audit could lead to referral to the Complaints Director.

|   |   |                  |
|---|---|------------------|
| This Continuing Competence Reporting Form must be completed in full, signed and dated or it will not be accepted. | X | Date (mm/dd/yy): |
|---|---|------------------|

**PART C: Declaration**

As per Part 2 22.1.d and 22.1.e of the Regulated Forestry Profession Act and Part 1 Division 1 of the Registered Professional Forest Technologists Regulation each applicant for registration as a registered professional forest technologist must provide evidence to the registrar that they are of good character and reputation and a Canadian citizen or a person lawfully permitted to work in Canada. The registrar reserves the right to collect evidence to determine whether an applicant is of good character and reputation. As per section 32.1 of 'The Act' and Bylaw 3.08.1 this information is required each year upon renewal of a members practice permit.

Please circle your answer to the following questions:

Are you a Canadian Citizen?

Yes No

Are you lawfully permitted to work in Canada?

Yes No

Have you ever had a finding of unprofessional conduct or a similar finding made against you by any professional organization, and any orders made in consequence?

Yes No

Do you have any outstanding complaints or discipline matters with any professional organization with which you have been registered?

Yes No

Do you have any outstanding charges under the criminal law of any country?

Yes No

Have you ever been convicted of a criminal offence in any country?

Yes No

Have you ever been found guilty of a breach of a university or similar code of conduct, or an academic infraction of any post-secondary education institution?

Yes No

I hereby declare that the information on this Application for Registration is complete and accurate. I have read and agree to abide by the terms of the ACT/Regulations and the CAPFT/Bylaws, /Policies, and the Code of Ethics and Code of Conduct. I understand that making a false or misleading statements or withholding information is a breach of the College Code of Ethics, is subject to disciplinary action, and may disqualify me for registration. I grant the College of Alberta Professional Forest Technologists permission to verify information I have disclosed, and to obtain additional information as may be required to process my Application for Registration. I understand that the information I submitted through the Continuing Competence Entry System is subject to audit, and that the results of the audit could lead to referral to the Complaints Director.

Yes No

|  |   |                  |
|--|---|------------------|
| This Declaration must be completed in full, signed and dated or it will not be accepted. | X | Date (mm/dd/yy): |
|--|---|------------------|