#### **CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM**

#### **APPLICATION FOR VARIATION REQUEST**

**Deadline to Apply: September 30th of the request year**

## Applicant Information

|  |  |
| --- | --- |
| Designation: |  □ Professional Member □ Member-in-Training □ Licensee □ Temporary Licensee |
| Full Name: |  |  |  | Member Number: |  |
|  | Last | First | M.I. |  |  |
| HomeAddress: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | Province/State | Postal/ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  |  Email: |   |

## Variation Type Request

**Please indicate the reason for your request: Provide a brief description for request:**

 *(Reason definitions are found on Page 2)**(if additional space needed, please attach a second page)*

|  |  |  |
| --- | --- | --- |
| [ ]  | Employment Leave  |  |
| [ ]  | Returning to full-time post-secondary study |  |
| [ ]  | Short Term Medical Leave  |  |
| [ ]  | Long Term Medical Leave  |  |
| [ ]  | In Saskatchewan (non-practicing) |  |
| [ ]  | Out of Province (non-practicing) |  |
| [ ]  | Under-employed (Case #1) |  |
| [ ]  | Under-employed (Case #2) |  |
| [ ]  | Under-employed (Case #3) |  |
| [ ]  | Under-employed (Case #4) |  |
| [ ]  | Retired |  |
| [ ]  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

##  Request Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CPD credit amount attainable for current year: |  | Year for Variation Request: |  | If working, approximately how many hours or months will you work this year? |  | Do you have banked credits from the previous two years?\* |
|  |  |  |  |  |  | Yes / No |
|  |  |  |  |  |  | \*If yes, banked credits must be used before applying for a Variation |
| **Note: Variation Request is valid from January 1 to December 31 and must be applied for annually.** |

## Certification

I hereby certify all information in this application to be true and complete to the best of my knowledge, and that I have not withheld any information that may have a bearing upon the consideration of this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| **Category** | **Category Description** |
| Employment Leave | As defined in Sask. Employment Acte.g. parental leave, compassionate leave, etc. |
| Medical Leave | less than 90 consecutive days or as defined by individual's plan |
|   | greater than 90 consecutive days or as defined by the individual's plan |
| Return to full time post-secondary study | Full time as defined by institution Note: 1 credit hour = 1 CPD credit under Formal Activity |
| In Province(non-practicing) | Not actively working in Saskatchewan at allNot actively practising Engineering or Geoscience elsewhereWaiver eligible but have chosen not to be |
| Out of Province(non-practicing) | Lives outside of SaskatchewanNot actively practising Engineering or Geoscience elsewhereWaiver eligible but have chosen not to be |
| Under-employed | **Case #1**Lives in SaskatchewanActively practicing Engineering or GeoscienceWorking less than full-time hours |
|   | **Case #2**Lives in SaskatchewanWorking outside the professionsNot actively practicing Engineering or GeoscienceNot eligible for license waiver |
|   | **Case #3**Lives outside of SaskatchewanActively practicing engineering or geoscienceWorking less than full-time hours |
|   | **Case #4**Lives outside of SaskatchewanWorking outside the professionsNot actively practicing Engineering or Geoscience |
| Retired | Not actively working at allNot yet eligible for Life Member status |
| Other | Case by case |