

Regulating the professions. Protecting the public.

Competency-Based Assessment – Declaration Form
Name (Given Name Family Name):
APEGS ID:
The person listed above is the person who must complete this declaration and ensure that all the information entered is true and correct. This form is to be uploaded into the Competency Assessment System prior to submission.
(Check each box to confirm)
Accuracy of Submission My competency examples are a true, accurate and honest record of my professional work experience. I take full responsibility for my submission, regardless of whether I used AI tools, editors, or others for assistance.
Prohibition on Involvement in Validation I confirm that I have not, and will not:
 Submit validations on behalf of a validator Access or use any validator link Input, type, or translate responses for a validator Alter, edit or draft validator responses
Validator Independence I understand that validators are expected to exercise independent judgment in assessing my competencies. I confirm that I have not pressured, coerced or otherwise influenced a validator's response beyond providing a general context of my work experience.
System Integrity I acknowledge that APEGS may review IP addresses, timestamps, and login data to verify compliance.
Consequences of Non-Compliance I understand that any breach of this declaration may result in the rejection of my validation, denial of my application, referral to the Investigation Committee for professional misconduct under Section 30 of The Act, and/or disciplinary action under the Bylaws.
Acknowledgement By signing below, I confirm that I have read, understood, and agreed to abide by the above requirements. I understand that this declaration is a binding commitment to act with truth, honesty, and integrity, as required under Regulatory Bylaw 20(1) (Code of Ethics).
Candidate's Signature:

Date: