



Licensee Chronological Activity Summary

Please refer to section 2 of the *Guide for Licensee Applicants* for the length of qualifying work which you require within **your requested scope of practice**. All qualifying experience must have been performed under the direction of a Professional Engineer or Professional Geoscientist.

Name: _____ APEGS File Number: _____

<i>A. Exact dates of duration of activity (year, month, day)**</i>	<i>B. Activity (work, academic preparation, unemployment, other)</i>	<i>C. Name and complete address of workplace or institution</i>	<i>D. If this activity forms part of the qualifying experience for Licensee Membership, list all P.Eng.s or P.Geo.s. under whose direction you worked within your requested scope of practice, and the number of months during which each individual directed your work.</i>

** Please repeat the information from this column in the first column on page 2.



<i>A. Exact dates of duration of activity (year, month, day**)</i>	<i>E. If this activity forms part of the qualifying experience for Licensee Membership, indicate which elements of your requested scope of practice were performed during that period and the number of months spent working on each element.</i>

** This column should be a repetition of the first column on page 1.

Applicant's Signature

Date