



Last Name:		Given Name(s):	
Street Address:			Country:
City:	Prov. State:	Postal Code:	
Phone:		E-mail Address:	
Licence #:		Date of Licence:	

College / University:		
From:	To:	Degree / Training:
College / University:		
From:	To:	Degree / Training:
College / University:		
From:	To:	Degree / Training:
College / University:		
From	To:	Degree / Training:

Employer:	From:	To:
Position Title:		
Brief Description of Job Function:		



E) LIST OF KEY PUBLICATIONS / PATENTS / REPORTS / PRESENTATIONS IN THE LAST 5 YEARS

1.

2.

3.

4.

5.

6.

F) TEACHING AND TRAINING ACTIVITIES IN THE LAST 5 YEARS

G) PROFESSIONAL ACTIVITIES & COMMITTEE INVOLVEMENT IN THE LAST 5 YEARS

H) SUPERVISION OF *PHYSICS RELATED* ACTIVITIES IN THE LAST 5 YEARS

DISCLAIMER AND SIGNATURE

I hereby certify that I have read, understood and accept the provisions published on the web site of the Canadian Association of Physicists. I certify that the statements in this application are accurate and true. I agree to continue to uphold the CAP's code of ethics for holders of the Professional Physicist designation.

Signature:

Date:

ENDORSEMENT AND SUPPORT

I hereby certify that the applicant is well known to me and that I am willing to endorse and support this application for renewal of the Professional Physicist designation.

Print Name:

Professional Title:

Relationship to applicant:

Has known me for :

Years

CAP Membership #
(if applicable):

P.Phys. Licence #
(if applicable):

Signature:

Date: