

**CANADIAN ASSOCIATION OF PHYSICISTS  
APPLICATION FOR CERTIFICATION**  
(Application fee and résumé must be submitted with completed form.)

LAST NAME: \_\_\_\_\_ FIRST NAME(S): \_\_\_\_\_

Name to appear on Certificate: \_\_\_\_\_ CAP Membership  
(if different from above) \_\_\_\_\_ Number (e.g. 1111): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
YYYY-MM-DD

- I am a Canadian Citizen  
 I am a permanent resident of Canada  
 Other. Specify \_\_\_\_\_

**EDUCATION:**

From	To	University or College	Course	Degree	Year Granted

- Transcript enclosed       Transcript being sent directly to CAP from \_\_\_\_\_  
 Other (explain): \_\_\_\_\_ (Name of institution)

**EMPLOYMENT** (to be detailed in résumé)      Résumé attached    Yes

**REFERENCES (must normally include your current supervisor, if applicable):**

Arrangements made to have references sent directly to CAP    Yes (Reference form available from [www.cap.ca](http://www.cap.ca))

Name/position	Address	Telephone	Fax	E-mail

I WISH TO PAY THE \$100.00 (foreign residents), \$105.00 (GST), or \$113.00 (HST) APPLICATION FEE by:

- cheque/money order (enclosed)       Visa       Mastercard  
Card Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_ cvd: \_\_\_\_\_  
Name on Card: \_\_\_\_\_

I hereby certify that I have read, understood, and hereby accept the provisions contained in the General Information sheet which has been included with this application form. I certify that the statements contained in this application form are accurate and enclose the application fee and required résumé. I agree to uphold the CAP's Code of Ethics for holders of the Professional Physicist designation (printed on the back of the General Information sheet). I understand that the Canadian Association of Physicists retains the right to request proof of any statements made herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_