

INTERPROVINCIAL TRANSFER FORM

Membership categories such as Associate, Student, Life, Honorary, etc. are not transferable. **RECLASSIFICATION AND EXAMINATION PROGRAMS FOR CERTIFIED TECHNICIANS MAY NOT BE TRANSFERABLE.**

Please Note: You **must** be a member in good standing in the province in which you are registered before a transfer of membership will be accepted. Some provinces may require applicants to successfully pass a Professional Practice Examination or meet other administrative requirements. Applicants are expected to meet the language requirements in the province to which they are transferring to.

INSTRUCTIONS TO APPLICANT

Complete sections **A** to **C**, attach the required documentation, and forward the completed form and applicable transfer fee (taxes included in prices listed below) to the association / society / ordre in your new province of residence:

									
<input type="checkbox"/> BC	<input type="checkbox"/> AB	<input type="checkbox"/> SK	<input type="checkbox"/> MB	<input type="checkbox"/> ON	<input type="checkbox"/> QC	<input type="checkbox"/> NB	<input type="checkbox"/> NS	<input type="checkbox"/> PEI	<input type="checkbox"/> NL
\$52.50	\$50.00	\$50.00	\$50.00	\$52.50	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00

A. GENERAL INFORMATION

Name _____ Mrs.
 Miss
 Ms.
 Mr.
 Dr.

(First Name) *(Middle Name)* *(Last Name)*

Residence Mailing _____

Address _____

(City) *(Province)* *(Postal Code)*

Telephone No. (_____) _____ (_____) _____

(Home) *(Fax)*

Date Of Birth: _____ Home E-Mail: _____

MM / DD / YY

Present Employer: _____

Work Address: _____

(City) *(Province)* *(Postal Code)*

Telephone No. (_____) _____ Extension # _____ (_____) _____

(Work) *(Fax)*

Work E-Mail: _____ Cell Phone #: (_____) _____

Present Job Title: _____ Date started in this position: _____

B. EDUCATION

Complete the following summary of your academic achievement in detail.

Name and Location of Institute, College or University	Years in Attendance		Program Name & Level Achieved (Diploma, Certificate, Degree, etc.)
	From	To	

C. APPLICANT DECLARATION

I understand that misrepresentation made by me, may adversely affect my transfer to another province.

I am currently a certified **TECHNICIAN / TECHNOLOGIST** in the Province of _____

I **have** / **have not** written the Professional Practice Examination in the Province of _____

Membership classification: Technician Technologist Membership Number _____

I wish to **maintain** **terminate** my membership in the Province of _____ upon completion of my transfer to the association / society / ordre in my new province of residence.

(Some provinces may offer non-resident rates)

Have you ever been a member of another Applied Science / Engineering Technology Society or Association in a province of Canada? Yes No If yes, indicate the province: _____ When: _____

Membership Classification: _____ Membership No. _____

I understand that for the transfer to take effect, a copy of my academic records will be transferred from the Association / Society / Ordre in which I am making application for transfer.

FROM _____
(Originating Association / Society / Ordre)

TO _____
(New Association / Society / Ordre)

Note: Foreign language documentation must be accompanied by a certified English translation (French in Québec or either language in New Brunswick).

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED BY ME ON THIS FORM (INCLUDING ATTACHMENTS THERETO) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO ABIDE BY THE CODE OF ETHICS, ACT AND REGULATIONS, OR BYLAWS OF THE ASSOCIATION / SOCIETY / ORDRE TO WHICH I AM TRANSFERRING.

SIGNATURE _____ DATE _____

D. ORIGINATING ASSOCIATION MEMBERSHIP INFORMATION – FOR STAFF USE ONLY

This information is to be provided by the provincial body of original registration upon request of the province of new residence.

Applicant Name: _____

1. Information in Section C confirmed? YES NO If no, provide details: _____

2. Was the applicant a transferee from another Association? YES NO
If yes, provide previous Association name: _____

3. Discipline of Registration (including specialty or option): _____
Date of registration at this classification level: _____
Month Day Year

4. The applicant has successfully passed the Professional Practice Examination in the Province of _____
on _____
(MM / DD / YY)

5. DOCUMENTATION ATTACHED::

- ACADEMICS OR FILE EVALUATION SUMMARY YES NO
- EXPERIENCE EVALUATION SUMMARY YES NO
- RECLASSIFICATION PROGRAM YES NO

• CURRENT CATEGORY OF MEMBER REGISTRATION (Please select the member's exact level of membership:

TECHNOLOGIST

- A.Sc.T.
- AScT
- C.E.T.
- CET
- T.Sc.A.
- T.P.
- PTech

TECHNICIAN

- C.E.T.
- CET
- C.Tech.
- CTech

• TECHNOLOGIST APPLICANTS HAVE COMPLETED AN APPLIED RESEARCH PROJECT YES NO

• IF NO, PLEASE EXPLAIN _____

• DOES APPLICANT HAVE CURRENT YEAR'S DUES PAID IN FULL? YES NO

• IF YES, DUES VALID UNTIL? _____

• DATE: _____ *AFFIX SEAL HERE*
MM / DD / YY Registrar's Signature

E. NEW ASSOCIATION MEMBERSHIP INFORMATION – FOR STAFF USE ONLY

Upon acceptance, the "transfer-to" association shall complete this section and return a copy to the "transfer-from" association.

The _____ association / society / ordre hereby acknowledges that registration on the above named applicant was completed on _____
(MM / DD / YY)



SASKATCHEWAN APPLIED SCIENCE TECHNOLOGISTS AND TECHNICIANS (SASTT)

363 Park Street
Regina, SK S4N 5B2

Phone: (306) 721-6633

Fax: (306) 721-0112

Email: info@sastt.ca

Website: www.sastt.ca

SASTT CAREER TRACKER

Introduction:

The purpose of the Career Tracker is to help ensure:

- i) the development of the Certified Technician (C.Tech.) / Applied Science Technologist (A.Sc.T.) into a technically and proficient member of the Professional Design Team; and
- ii) an understanding of the roll of the C.Tech. / A.Sc.T. in relation to their employer, clients, professional association, and the public.

C.Tech.(s) / A.Sc.T.(s) are responsible for their own success and development of their career.

Documenting specific work experiences will help to ensure that the applicant has:

- i) the required work experience in their discipline for professional status as a C.Tech. or A.Sc.T.;
- ii) develop ethical and professional work habits, and;
- iii) developing a good knowledge base.

Professional experience includes work completed under general supervision, technical knowledge of performance standards and education. Original thinking in the analysis of a problem is required to achieve the end results. The professional has the ability to make decisions pertaining to their work and assumes technical responsibility in developing the end result.

Information Required:

Report, skills development, application of theory, practical experience, supervision, design, etc. Writing must be concise. It is important to be specific in describing the work you did and / or projects you undertook. Specify your role in larger projects and where you were part of a team. Identify your progression from previous work experience.

The immediate supervisor is to review the information for each project and initial at the right hand side. At project completion the immediate supervisor is to review all information and fill out the bottom of the page.

At times the Registration and Examination Board may request additional information if a change in employer or a significant change in job function is found.

The Registration and Examination Board uses the Career Tracker to aid in assessing the qualifications for a professional designation as a C.Tech. / A.Sc.T. Therefore you must be specific in your descriptions.



How to use the Career Tracker:

It is easier to record your work experience as you progress towards achieving professional status.

Fill out your Career Tracker on a daily or weekly basis depending on your tasks.

All entries should include:

- 1) Project dates
- 2) Description of the duties performed during the project
- 3) Initials for verification by supervisor or client

NOTE: This Career Tracker will be used by the SASTT Registration Board to determine if sufficient work experience exists in the appropriate areas for the classification of membership sought.

SAMPLE:

Project Dates From MM / DD / YY	Project Dates To MM / DD / YY	Description of duties performed during the project: (Use additional pages in this format, if necessary) PLEASE PRINT	Verification by supervisor or client
01/06/07	12/07/07	Commercial Office Complex—Prince Developments 20,000 square feet	
		Prepare construction documents (technical drawings and specifications)	
		Prepare certain architectural presentation documents	
		Prepare cost estimate data	
		Lead the technical team in production of construction documents	
		Shop drawing reviews	
		Bid material reviews	
		Contract administration	JS
05/02/07	08/06/07	Major Parking Lot for Federal Government	
		Supervise survey data collection, and interpret survey data	
		Prepare preliminary design, and prepare preliminary cost estimation	
		Develop and prepare preliminary design report	
		Direct meetings; and direct CAD operator	
		Complete detailed design	
		Prepare specifications and prepare detailed project cost estimation	
		Complete tender documents	
		Chair tender opening, and chair preconstruction meeting	
		Review shop drawings	
		Perform on-site construction inspection, and perform construction stakeout	
		Prepare progress payment certificates	
		Complete record drawings and complete project closing report	
		Conduct construction meetings	JS

Immediate supervisor to initial beside each project and to verify that the activities recorded are complete and accurate.

PLEASE PRINT immediate supervisor's name and title, applicant's name, and company name.

Immediate supervisor's signature, telephone number, and date.

I, Joe Simpson, verify the
(Print supervisor's name)

above job description accurately portrays the

expectations of Leo Newmeyer,
(Print applicant's name)

an employee of Isaak Engineering.
(Print company name)

Joe Simpson
(Signature of immediate supervisor)

Telephone: (306) 111-1234

Date: August 11, 2007

