

CANADIAN ASSOCIATION OF PHYSICISTS

APPLICATION FOR EXEMPTION FROM THE PROFESSIONAL PRACTICE EXAMINATION (PPE)

(Detailed description must be submitted with completed form.)

LAST NAME: _____ FIRST NAME(S): _____
ADDRESS: _____

CITY: _____ PROVINCE: _____
POSTAL CODE: _____ COUNTRY: _____
TELEPHONE: _____ FAX: _____ E-MAIL: _____

I am hereby applying for an exemption from the professional practice examination.

I hereby certify that:

- I have already filed my application for Professional Certification with the Canadian Association of Physicists.
- I have practiced post-graduate physics for at least seven years.
- I have attached a letter to the Committee detailing my professional accomplishments* which clearly demonstrate that the PPE is not necessary.

I understand that the CAP's Professional Certification Committee will determine whether exemption is warranted.

Signature: _____ Date: _____

* The description (which should normally include two letters of reference from senior colleagues well-known to the Canadian physics community) should demonstrate that the applicant meets the criteria which the PPE attempts to test. These are that the applicant has the ability to communicate generally and clearly in one or both official languages, can explain technical matters and their significance clearly in non-technical terms, can use physicists' quantitative thinking in unfamiliar, non-academic types of situations, and is sensitive to, and understands, ethical matters. The Committee will also consider factors such as leadership in the physics community.