A) APPLICANT INFO	RMATION							
Last Name:		Given Name(s):						
Street Address:					Country:			
City:		Prov. State:		Postal Code:				
Phone:			E-mail Address:					
Licence #:	icence #:		Date of Licence:					
			1					
B) EDUCATION / TRAINING (PROVIDE MOST CURRENT OR MOST RELEVANT)								
College / University:								
From:	То:	Degr	Degree / Training:					
College / University:								
From:	То:	Degree / Training:						
College / University:								
From:	То:	Degr	Degree / Training:					
College / University:								
From	То:	Degr	Degree / Training:					
C) CURRENT EMPLO	YMENT							
Employer:				From:		То:		
Position Title:								
Brief Description of Job Function:								
D) HIGHLIGHTS OF	PHYSICS RELATED F	CTIV	ITY AND <i>PROI</i>	FESSIONAL DEVE	<i>LOPMENT</i> IN	THE LAST 5 YEARS		



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 & COMMITEE 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 endors Professional Physicist designation.	e and support this application for renewal of the	:					
Print Name:	Professional Title:						
Relationship to applicant:	Has known me for :	Years					
CAP Membership # (if applicable):	P.Phys. Licence # (if applicable):						
Signature:	Date:						
							