Nova Scotia Institute of Agrologists Transfer-In/Multi-Province Registration Request Form



Please fill out this form if you require your practice and registration status transferred to the Nova Scotia Institute of Agrologists or if you require multi-province registration.

You are also requested to get in touch with your originating Provincial Institute to authorize them to send a copy of your registration file to new institute. The documents should include:

- A letter confirming that you are a member in good standing
- Your designation and status

3. Academic History

- A copy of any available documentation relating to your initial application (i.e. transcripts, etc.)
- Completion dates of any required courses (i.e. Ethics course, etc.)
- Professional Development (PD) records

1. Applicant Type			
Please check one: Transfer of Registra Multi-Province Regi			
2. Biographical Data			
Name:	Place & Dat	e of Birth:	
Address:		Postal Code:	
Bus. – Telephone:	Bus. Fax:	Home – Telephone:	
Home Fax:	E-Mail:		

If you need more space, please attach additional Academic History to the back of this form

University of College	Degree/Diploma	Year Granted	Specialization



4. Current Employment

Are you currently employed If yes:	d :	☐ Yes	□ Employed	□ No	Professionals Set ☐ Self-Employed		
Company Name:					_ senprojec		
			Start Data				
Job Title:		Start Date:			(yyyy/mm/dd)		
5. Employment History	, in Agrala	ay Aariculti	ıra Agra_Fn	vironme	nt or Related Fie	lde	
If you need more space, ple	_		_			lus	
Company Name	Company Address Joh		Job T	itle	Start Date	End Date	
6. Other Details							
Originating Provincial In	nstitute						
Registration Number/Mo	ember ID						
Scope of Practice							
Notes:							
7. Declaration							
7. Deciaration							
I declare the above informatisciplinary procedures in a				ently unde	er suspension or sub	ject to	
Date:							
Signature:							

Please use one of the following methods to submit this application:

7 Atlantic Central Drive, East Mountain, NS B6L 2Z2 Mail:

Email: info@nsagrologists.ca Fax: 902-893-7063