

Discipline of Practice Form

Applicant: _____

First Name

Last Name

Please indicate the number of years of experience. Do not overlap dates.

Years of School

Start Date:

End Date:

Years of direct experience in
my discipline inside my scope

Start Date:

End Date:

Years of direct experience in
my discipline outside my scope

Start Date:

End Date:

Main Discipline: _____

Expertise (eg. Sprinkler Design)

Details:

Expertise (eg. Sprinkler Design)	Details:

Exclusions:	Details:

Description of Proposed Scope: (In conjunction with the above table, please provide a detailed paragraph describing the scope of discipline for which you would like to practice.)

NOTE Please include the examples from the Main Discipline table in your online progress report. If the examples are not provided, your scope may be modified.