

# Work History Form

- Complete this form following the instructions provided in the LMS **Articling Requirements** checkpoints.
- Save a fillable copy of this form for your records, and add to this document for each upload.
- You must include all of your experience from your 'date of application' to 'present' at each checkpoint. Provide the details from the oldest to the most recent position.
- If more space is needed insert additional pages before the signatures page.

Applicant: \_\_\_\_\_  
Name (First, Middle, Last) Designation & Registrant #

Date of Application/Enrolment (mm/dd/yy): \_\_\_\_\_ Working towards (check one): RPF    RFT    NRP

| Start<br>(mm/dd/yy) | End<br>(mm/dd/yy) | Employer & Location(s) | Position (job title/project name) |
|---------------------|-------------------|------------------------|-----------------------------------|
|                     |                   |                        |                                   |

**Specific Duties Performed**

Applicant: \_\_\_\_\_  
 Name (First, Middle, Last) Designation & Registrant #

| Start<br>(mm/dd/yy)              | End<br>(mm/dd/yy) | Employer & Location(s) | Position (job title/project name) |
|----------------------------------|-------------------|------------------------|-----------------------------------|
|                                  |                   |                        |                                   |
| <b>Specific Duties Performed</b> |                   |                        |                                   |
|                                  |                   |                        |                                   |

| Start<br>(mm/dd/yy)              | End<br>(mm/dd/yy) | Employer & Location(s) | Position (job title/project name) |
|----------------------------------|-------------------|------------------------|-----------------------------------|
|                                  |                   |                        |                                   |
| <b>Specific Duties Performed</b> |                   |                        |                                   |
|                                  |                   |                        |                                   |

Applicant:

Name (First, Middle, Last)

Designation & Registrant #

| Start<br>(mm/dd/yy) | End<br>(mm/dd/yy) | Employer & Location(s) | Position (job title/project name) |
|---------------------|-------------------|------------------------|-----------------------------------|
|                     |                   |                        |                                   |

| Specific Duties Performed |
|---------------------------|
|                           |

| Start<br>(mm/dd/yy) | End<br>(mm/dd/yy) | Employer & Location(s) | Position (job title/project name) |
|---------------------|-------------------|------------------------|-----------------------------------|
|                     |                   |                        |                                   |

| Specific Duties Performed |
|---------------------------|
|                           |

Applicant:

Name (First, Middle, Last)

Designation & Registrant #

**Certification - Applicant**

I recognize that, under the *Professional Governance Act*, a person commits an offence if they apply for registration by false or fraudulent representation. I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure. I also certify that the foregoing is a true record of my work experience.

Date (mm/dd/yy)

Signature of Applicant

**Certification - Sponsor**

I recognize that, under the *Professional Governance Act*, a person commits an offence if they knowingly assist another person to apply for membership by false or fraudulent representation. I therefore certify that the information provided in this form is true to the best of my knowledge and belief. I also certify that I consider the applicant suitable for registration.

(Important: You must directly contact the registrar at [admissions@fpbc.ca](mailto:admissions@fpbc.ca) if you have any reservations about the suitability of the applicant for registration.)


Sponsor Name (Print)

Sponsor Registrant #

Date (mm/dd/yy)

Signature of Sponsor

**Both signatures are required at the time of upload.**

- Electronic signatures are acceptable (i.e. an image of your signature), not fonts.
- To add your electronic signature, click 'fill and sign' (right-hand side), then click: 
- Need help: <https://www.howtogeek.com/164668/how-to-electronically-sign-documents-without-printing-and-scanning-them/>
- Electronic signature not working? Print, sign, scan, and save. Then upload.