



## Non-Practicing Leave of Absence Declaration

I, \_\_\_\_\_, member number \_\_\_\_\_, hereby declare that I am not  
*Print Name*  
actively engaged in the practice of chemistry as regulated under the *Professional and Occupational Associations Registration Act (POARA)*.

I understand that this declaration is only effective until the date of my next membership renewal. I also understand that I may renew the declaration by filing a new declaration when this one expires.

Although I may use the professional title to which my registration with the Association entitles me, I understand that I am not allowed to engage in the practice of chemistry or exercise any sign-off privileges granted to registered members, or use my professional stamp while this declaration is in effect.

I shall notify the Association immediately in writing if I intend at any time to resume the practice of chemistry. I understand that the Practice Review Committee can require me to comply with any conditions that the Board may set prior to allowing me to resume the practice of chemistry.

During the period for which my Non-Practicing Leave of Absence has been granted, I understand that I am exempt from filing Professional Development Credits and will pay modified membership fees as determined by the Board of Directors.

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Dated*

**Definition of the Practice of Chemistry as per the  
*Professional and Occupational Associations Registration Act (POARA)***

(i) “practice of chemistry” means

- (i) sampling, analyzing, evaluating, interpreting, reporting, advising, training and educating in the chemical sciences,
- (ii) the application of chemical sciences including, without limitation, environmental monitoring, industrial chemistry, research, quality systems, laboratory operations and method development, and
- (iii) the management of the activities listed in subclauses (i) and (ii);

**Please submit this signed declaration to:** Association of the Chemical Profession of Alberta (ACPA),  
P.O. Box 21017, Edmonton, AB, Canada T6R 2V4 or email to: [acpaoffice@pchem.ca](mailto:acpaoffice@pchem.ca)

Date received \_\_\_\_\_ Date approved \_\_\_\_\_ Expiry date \_\_\_\_\_