

# GUIDE TO THE COMPLIANCE AUDIT PROGRAM FOR INDIVIDUAL REGISTRANTS

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**ENGINEERS &  
GEOLOGICISTS**  
BRITISH COLUMBIA



# PREFACE

This *Guide to the Compliance Audit Program for Individual Registrants* provides the details of the Engineers and Geoscientists British Columbia Compliance Audit Program for Individual Registrants, as defined in the *Professional Governance Act* (the *Act*) and the Engineers and Geoscientists BC Bylaws.

The Compliance Audit Program is intended to be an educational and professional development process for the benefit of its Registrants, as well as a proactive quality assurance check on their practices.

Under the *Act*, there are Compliance Audit programs for both Individual Registrants and Firm Registrants. This Guide specifically describes the program for Individual Registrants. For information about the Compliance Audit Program for Firm Registrants, please refer to the Section 3.1 of the *Regulation of Firms Permit to Practice Manual* (Engineers and Geoscientists BC 2021a).

The compliance audit process is intended to be fair, objective, instructive, and transparent to the Registrant being audited.

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# ABBREVIATIONS

ABBREVIATION	TERM
APRC	Audit and Practice Review Committee
BC	British Columbia
CAP	Corrective Action plan
OFI	Opportunity for Improvement
QM	Quality Management

# DEFINED TERMS

The following definitions are specific to this guide. These words and terms are capitalized throughout the document.

TERM	DEFINITION
<b>Act</b>	<i>Professional Governance Act</i> [SBC 2018], c. 47.
<b>Assessor</b>	An individual appointed by the Audit and Practice Review Committee or its Officers to conduct audits and/or practice reviews of Registrants.
<b>Bylaws</b>	The Bylaws of Engineers and Geoscientists BC made under the <i>Act</i> .
<b>Continuing Education Plan</b>	A Document that each Professional Registrant must complete in each Reporting Year that sets out the information outlined in Section 7.6.4 of the Bylaws.
<b>Continuing Education Program</b>	The program administered by Engineers and Geoscientists BC to assist in maintaining competency among Registrants and which includes recording continuing education activities and submitting Continuing Education Plans.
<b>Corrective Action</b>	Action taken to identify and eliminate root causes of non-conforming work to prevent the non-conformance from recurring.
<b>Document(s)</b>	Includes any physical or electronic record, including but not limited to a report, certificate, memo, specification, drawing, map, or plan, that conveys a design, direction, estimate, calculation, opinion, interpretation, observation, model, or simulation that relates to engineering or geoscience.
<b>Engineers and Geoscientists BC</b>	The Association of Professional Engineers and Geoscientists of the Province of British Columbia, also operating as Engineers and Geoscientists BC.
<b>Individual Registrant</b>	A Registrant who is registered as a(n): <ul style="list-style-type: none"> <li>• professional engineer;</li> <li>• professional geoscientist;</li> <li>• professional licensee engineering;</li> <li>• professional licensee geoscience;</li> <li>• life member prior to 1998;</li> <li>• honorary life member;</li> <li>• non-practising Individual Registrant;</li> <li>• life member or life limited licensee; and/or</li> <li>• honorary member.</li> </ul>
<b>Major Non-conformance</b>	A situation in which, based on the evidence provided to the Assessor: <ul style="list-style-type: none"> <li>• there is systemic failure by a Registrant subject to a compliance audit to meet an applicable regulatory requirement; or</li> <li>• there are reasonable and probable grounds to believe that a Registrant subject to a compliance audit may be engaged in the Regulated Practice in a manner that may pose a risk of significant harm to the environment or to the health or safety of the public or a group of people.</li> </ul>

<b>Minor Non-conformance</b>	A situation in which, based on the evidence provided to the Assessor: <ul style="list-style-type: none"> <li>• there has been a failure by a Registrant subject to a compliance audit to meet an applicable regulatory requirement, but such failure is not systemic; or</li> <li>• there are no reasonable and probable grounds to believe that the Registrant subject to a compliance audit may be engaged in the Regulated Practice in a manner that may pose a risk of significant harm to the environment or to the health or safety of the public or a group of people.</li> </ul>
<b>Officer</b>	An individual appointed by the Board of Engineers and Geoscientists BC, or by a committee authorized by the Board, to exercise certain powers or carry out certain functions.
<b>Opportunity for Improvement</b>	Suggested action proposed by an Assessor to a Registrant to improve the practice of the Registrant.
<b>Professional of Record</b>	The Professional Registrant who is professionally responsible for activities, work, or Documents related to the Regulated Practice.
<b>Professional Practice Guidelines</b>	A guideline, published by Engineers and Geoscientists BC, in accordance with Section 7.3.1 of the Bylaws, on specific professional services or activities.
<b>Professional Practice Management Plan</b>	A Document that is developed and maintained by a Registrant Firm that meets the requirements given in Section 7.7.3 of the Bylaws.
<b>Registrant</b>	An individual or firm, as applicable, that is registered with Engineers and Geoscientists BC in any category or subcategory of Registrant in accordance with the Bylaws.
<b>Registrant Firm</b>	A firm that is registered with Engineers and Geoscientists BC as a Registrant.
<b>Regulated Practice</b>	As defined in the <i>Act</i> and the <i>Engineers and Geoscientists Regulation</i> , the carrying on of a profession by a Registrant of a regulatory body, which for the purposes of this Guide means the practice of professional engineering or the practice of professional geoscience.
<b>Regulations</b>	Regulations established (or “made”) under the <i>Act</i> , including the <i>Professional Governance General Regulation</i> and the <i>Engineers and Geoscientists Regulation</i> .
<b>Trainee</b>	An engineer-in-training or geoscientist-in training.

# VERSION HISTORY

VERSION NUMBER	PUBLISHED DATE	DESCRIPTION OF CHANGES
1.1	September 18, 2025	Updates to Appendix A, and References. Clarified closing interviews are optional for audit files resulting in Minor Non-conformances, OFIs, or no findings. Added further information regarding extension requests, interviews, and audit findings.
1.0	May 30, 2023	Initial version.

# 1.0 INTRODUCTION

The *Professional Governance Act* (the *Act*) authorizes Engineers and Geoscientists BC to establish an audit program to conduct random assessments of the conduct and competence of Registrants.

The purpose of the Compliance Audit Program is to assess the overall compliance of Registrants with regulatory requirements of the *Act*, Regulations, Bylaws, and Standards of Engineers and Geoscientists BC, as well as those imposed by other relevant laws, codes, and standards. The compliance audit process is also intended to educate Registrants on their regulatory requirements; it is intended to be a constructive process for those who undergo an audit. Finally, the program is intended to be a proactive way to help improve Engineers and Geoscientists BC's regulatory operations by identifying professional practice trends among Registrants. This allows Engineers and Geoscientists BC to develop new programs and modify existing programs to address those trends which may impact the safety, health, and welfare of the public and the protection of the environment.

Engineers and Geoscientists BC conducts compliance audits on the practices of both individuals and firms; the compliance audit program for Registrant Firms is described in the *Regulation of Firms Permit to Practice Manual* (Engineers and Geoscientists BC 2021a).

This Guide provides the details of the Compliance Audit Program as it relates to Individual Registrants, including how a compliance audit is initiated, what Individual Registrants can expect from the process, and what decisions can be made by the Audit and Practice Review Committee (APRC) at the conclusion of an audit.

The compliance audit process is confidential, except in narrow circumstances where the Assessor or the Audit and Practice Review Committee is required

by superseding legal and ethical duties to report dangerous or illegal practice to another body, including the Engineers and Geoscientists BC Investigation Committee. These superseding duties include those described in Sections 58 and 110 of the *Act*, Sections 8.2(4) and (5) of the Bylaws, and principle 9 of the Engineers and Geoscientists BC Code of Ethics.

Except where obligated to do so in accordance with legal or ethical duties, Engineers and Geoscientists BC keeps all records, information, and self-assessments collected from Registrants during compliance audits confidential.

## 1.1 PURPOSE OF THIS GUIDE

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This Guide explains the Compliance Audit Program as it relates to Individual Registrants and the process for carrying out a compliance audit. The objectives of this Guide are to explain:

1. who the program applies to;
2. how a compliance audit of an Individual Registrant is initiated;
3. the compliance audit process; and
4. the decisions that can be made as a result of an individual compliance audit, and the effects of these decisions on an Individual Registrant.

## 1.2 BACKGROUND

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The Compliance Audit Program for Individual Registrants is a new program under the *Act*. While the Compliance Audit Program is the name for the program that conducts proactive and broad reviews of Registrant practice, the Practice Review Program is the name for the program that conducts reactive

and targeted reviews of Registrant practice. For more information about that program, please refer to the *Guide to the Practice Review Program for Individual Registrants* (Engineers and Geoscientists BC 2023a).

# 2.0 APPLICABILITY

## 2.1 WHO CAN BE AUDITED

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Most Individual Registrants may be subject to a compliance audit, including Individual Registrants with a professional designation (P.Eng., P.Geo. P.L.Eng., P.L.Geo). Individual Registrants with Non-practising and Retired designations may also be subject to a compliance audit. While Registrant Firms can also be audited, this Guide specifically outlines the compliance audit process for Individual Registrants. More information about the Firm Audit Program can be found in the [Regulation of Firms Permit to Practice Manual](#) (Engineers and Geoscientists BC 2021a).

The following groups of Individual Registrants are exempt from a compliance audit:

- Trainees (i.e., EITs and GITs);
- sole practitioners, who are subject to regular training and compliance audits under the [Regulation of Firms – Permit to Practice Program](#);
- Individual Registrants who have undergone a compliance audit in the past five years;
- Individual Registrants who are employed by a Registrant Firm that has undergone a compliance audit in the previous 12 months and the Registrant Firm has been found to be in compliance; and
- life members or life limited licensees, except those with practising status (e.g., Honorary Life and Life Member prior to 1998).

On an annual basis, the Engineers and Geoscientists BC Board will determine the percentage of individual Registrants who will be selected for a compliance audit.

## 2.2 AUDIT SELECTION

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Individual Registrants will be selected for compliance audits through random selection informed by risk-based criteria determined annually by the Audit and Practice Review Committee. The risk-based criteria will consider trends identified through the complaints, investigation, and discipline processes, as well as trends in non-conformances identified from audits and practice reviews of both individuals and firms.

For example, if the results of the compliance audits of Individual Registrants in a specific area of practice show higher rates of non-conformances than similar Individual Registrants in other areas of practice, a higher percentage of Individual Registrants from that area of practice may be selected preferentially for future audits. However, within the group of Registrants identified by the risk-based criteria, individuals will be randomly selected for audits.

For information on requesting an exemption from a compliance audit, please refer to [Section 3.1.4.5 "Exemptions."](#)

# 3.0 COMPLIANCE AUDIT REQUIREMENTS

## 3.1 COMPLIANCE AUDIT PROCESS

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### 3.1.1 PROCESS SUMMARY

The compliance audit process is intended to assess the overall compliance of Individual Registrants with regulatory requirements of the *Act*, Regulations, Bylaws, and Code of Ethics. The Assessor will also verify the Individual Registrant's industry(ies) and area(s) of practice.

The compliance audit process for Individual Registrants includes seven steps:

1. Initiation
2. Documentation review
3. Interview (if required)
4. Completion of audit report by the Assessor
5. Individual Registrant is sent audit report and informed of compliance audit outcome, including Opportunities for Improvement, Minor Non-conformances, and/or Major Non-conformances
6. Individual Registrant reviews audit report and:
  - i. acknowledges any Opportunities for Improvement;
  - ii. submits a Corrective Action plan(s) (CAP) in response to any Minor Non-conformances identified; and/or
  - iii. provides a written response, if desired, to any Major Non-conformances identified in the report.
7. Audit report and written response, if any, submitted to Audit and Practice Review Committee

The compliance audit process for Individual Registrants is described in detail in Sections 3.1.4 to 3.1.9.

### 3.1.2 CONFIDENTIALITY

Records and information provided to the Audit and Practice Review Committee or to an Assessor during an Individual Registrant's compliance audit are confidential, per Section 110(2) of the *Act*, and are protected from disclosure to anyone other than the Audit and Practice Review Committee, Assessors, Officers, and Engineers and Geoscientists BC staff in most cases.

Despite this general protection, the *Act* requires the Audit and Practice Review Committee to disclose information and records:

1. to the appropriate parties to show that a person knowingly gave false information to the Audit and Practice Review Committee, or
2. to an appropriate authority for the purpose of reporting a risk of significant harm to the environment or to the health or safety of the public or a group of people.

Principle 9 of the Engineers and Geoscientists BC Code of Ethics also requires Registrants (including Assessors, Officers, Engineers and Geoscientists BC staff, and members of the Audit and Practice Review Committee who are Registrants) to:

1. report to Engineers and Geoscientists BC and, if applicable, any appropriate authority, if the Registrant, on reasonable and probable grounds, believes that:
  - i. the continued practice of a Regulated Practice

by another Registrant or other person, including firms and employers, might pose a risk of significant harm to the environment or to the health or safety of the public or a group of people; or

- ii. a Registrant or another individual has made decisions or engaged in practices which may be illegal or unethical.

As per Section 110(4) of the *Act*, where the Audit and Practice Review Committee has reasonable grounds to believe that a Registrant’s conduct constitutes either:

1. professional misconduct;
2. conduct unbecoming a Registrant; or
3. incompetent performance of duties undertaken while engaged in the Regulated Practice,

then the Audit and Practice Review Committee must—if it considers the action necessary to protect the public interest—notify the Investigation Committee, which will treat the matter as if it were a complaint.

Engineers and Geoscientists BC may also be required to disclose records associated with an individual compliance audit to the Office of the Information and Privacy Commissioner of British Columbia, pursuant to Section 110(7) of the *Act*.

### **3.1.3 ROLES AND RESPONSIBILITIES**

#### **3.1.3.1 Audit and Practice Review Committee**

Through the Bylaws, the Engineers and Geoscientists BC Board has authorized the Audit and Practice Review Committee to administer the Compliance Audit Program for Individual Registrants. The APRC’s responsibilities include setting the annual random selection criteria and the adjudication of audit files.

#### **3.1.3.2 Audit Assessors**

Assessors for compliance audits are Engineers and Geoscientists BC staff that are trained to carry out

compliance audits. Assessors are appointed by the Audit and Practice Review Committee or its Officers prior to carrying out compliance audits.

#### **3.1.3.3 Officers**

Officers are Engineers and Geoscientists BC staff who are empowered by the Bylaws and the Audit and Practice Review Committee to make certain decisions with regards to specific compliance audits and the Compliance Audit Program for Individual Registrants.

#### **3.1.3.4 Program Staff**

Program staff refers to any employee of Engineers and Geoscientists BC involved in the Compliance Audit Program for Individual Registrants and includes Assessors, Officers, program managers, coordinators, and administrative assistants.

### **3.1.4 INITIATION**

#### **3.1.4.1 Audit Selection Timing**

Individual Registrants may be selected for a compliance audit at any time during the year, as per the policies approved by the Audit and Practice Review Committee.

#### **3.1.4.2 Assessor Assignment**

Program staff will assign an Assessor to the audit and the Assessor is required to complete the conflict-of-interest declaration. If the Assessor identifies a conflict of interest, an alternate Assessor will be assigned by program staff if the conflict cannot be resolved.

#### **3.1.4.3 Notification**

Individual Registrants selected for a compliance audit will be emailed a notification containing information about the compliance audit, including an explanation of the process, the name of their assigned Assessor, and instructions on next steps; the notification

email will be sent to the preferred email address the Individual Registrant has on file with Engineers and Geoscientists BC. The notification will also include instructions on accessing the online audit portal to complete the conflict-of-interest declaration and download the questionnaire.

The Individual Registrant is required to complete a conflict-of-interest declaration to identify any real or potential conflict with the assigned Assessor. If there is a potential conflict with the assigned Assessor, the Individual Registrant must identify the conflict to program staff and provide supporting reasons.

Program staff will conduct a thorough and impartial review of the submitted conflict of interest based on the Code of Ethics. If the reasons listed in the declaration are deemed to be real and mitigation is improbable, program staff will assign a new Assessor for the compliance audit. If mitigation for the reasons listed in the declaration is possible, program staff will ensure these mitigation steps are incorporated and the compliance audit will resume.

The Individual Registrant must also download and complete the questionnaire and submit any required documentation to Engineers and Geoscientists BC within the time-period stated in the email. Failure to return the required information and documentation within the stated time-period (unless a reasonable explanation or exemption request is submitted in advance) may result in suspension and cancellation.

#### 3.1.4.4 Extensions

If the Individual Registrant has a reasonable explanation for why they cannot meet the stated time-period for submitting the questionnaire and any required documentation, they can request an extension in writing via email. Extension requests will be reviewed by program staff, and, if applicable, by the Audit and Practice Review Committee or a designated Officer, to determine the eligibility for an extension. Individual Registrants who apply for an extension

will be notified if the extension has been approved or denied in a timely manner.

#### 3.1.4.5 Exemptions

An Individual Registrant selected for a compliance audit can submit an exemption request by completing the Compliance Audit Exemption Form and submitting it to [individualaudits@egbc.ca](mailto:individualaudits@egbc.ca). The form can also be completed online at the [Individual Audit Program webpage](#).

Acceptable reasoning for exemptions include:

- Parental leave
- Medical leave
- Compassionate care leave
- Unemployment
- Other extenuating circumstances

Non-practising or Retired status and/or retirement are not acceptable reasons for requesting an exemption. Refer to [Section 3.1.5.3 "Review by the Assessor – Non-practising Individuals"](#) for information regarding audits of non-practising Individual Registrants.

All exemption requests will be reviewed by program staff, and, if applicable, by the Audit and Practice Review Committee or a designated Officer, to determine the eligibility for an exemption. Individual Registrants who apply for an exemption will be notified if the exemption has been approved or denied in a timely manner. Exemptions must be requested for each compliance audit request and are not considered to be enduring; Individual Registrants may be selected for another compliance audit in the future and would have to apply for another exemption at that time if necessary.

#### 3.1.4.6 Submission of the Audit Questionnaire and Documentation

Individual Registrants must fully complete the compliance audit questionnaire and upload it through the audit portal along with any required

documentation. Individual Registrants are advised to be as detailed as possible to ensure that Assessors have all required information at the start of the compliance audit; this will speed up the audit process and may negate the need for follow-up.

Documentation may include the following:

- Continuing Education Plans;
- policies or procedures on the list of quality management requirements set in the Bylaws;
- records and Documents of professional activity or work to show compliance with standards, guides, and requirements set in the Bylaws; and
- other documents as requested by the Assessor.

### 3.1.5 DOCUMENTATION REVIEW

#### 3.1.5.1 Preparation for the Documentation Review

Once the Individual Registrant completes the conflict-of-Interest form and uploads the completed questionnaire and attachments, the Assessor can begin documentation review.

Individual Registrants subject to a compliance audit should ensure that they are familiar with this Guide, as well as their obligations under the *Act*, Regulations, Bylaws, and Code of Ethics. Individual Registrants providing professional engineering and/or geoscience services in response to specific legislation (e.g. *BC Building Code*, *Occupational Health and Safety Regulation*, *Environmental Management Act*, *Mines Act*, submissions to the BC Securities Commission) should also ensure that they are familiar with the legislation and all relevant published material.

Compliance with the requirements described in the following requirements/standards will form the basis of the compliance audit:

- *Professional Governance Act*
- *Engineers and Geoscientists Regulation*
- Engineers and Geoscientists BC Bylaws, including:

- Section 7.3 - Standards of Competence – Quality Management Requirements
  - 7.3.1 Standard for Use of Professional Practice Guidelines
  - 7.3.2 Standard for Retention and Preservation of Complete Project Documentation
  - 7.3.3 Standard for Field Reviews
  - 7.3.4 Standard for Checks
  - 7.3.5 Standard for Independent Review(s) of Structural Designs
  - 7.3.6 Standard for Independent Review(s) of High-Risk Professional Activities or Work
  - 7.3.7 Standard for Issuance of Manual Seal, Authenticating Documents, and Use of Permit to Practice Number
  - 7.3.8 Standard for Delegation and Direct Supervision
- Section 7.6 – Continuing Education Program
- Schedule A – Code of Ethics.

In preparation for the compliance audit, Individual Registrants should consult the following resources to help understand the requirements listed above.

- [\*Guide to the Code of Ethics\*](#) (Engineers and Geoscientists BC 2021b);
- [\*Guide to the Continuing Education Program\*](#) (Engineers and Geoscientists BC 2024);
- [\*Guide to the Standard for Direct Supervision\*](#) (Engineers and Geoscientists BC 2023c);
- [\*Guide to the Standard for Documented Checks of Engineering and Geoscience Work\*](#) (Engineers and Geoscientists BC 2023d);
- [\*Guide to the Standard for Documented Independent Review of Structural Designs\*](#) (Engineers and Geoscientists BC 2023g);
- [\*Guide to the Standard for Documented Independent Review of High-Risk Professional Activities or Work\*](#) (Engineers and Geoscientists BC 2023f);

- *Guide to the Standard for Documented Field Reviews During Implementation or Construction* (Engineers and Geoscientists BC 2023e);
- *Guide to the Standard for Retention of Project Documentation* (Engineers and Geoscientists BC 2023h);
- *Guide to the Standard for the Authentication of Documents* (Engineers and Geoscientists BC 2023b); and
- *Guide to the Standard for the Use of Professional Practice Guidelines* (Engineers and Geoscientists BC 2023i).

### 3.1.5.2 Review by the Assessor – Practising Individuals

The Assessor will perform a detailed review of the compliance audit questionnaire and attachments submitted by the Individual Registrant. The Assessor may follow-up with the Individual Registrant to ask additional information and/or to resolve any information that is unclear or missing.

The following criteria will be reviewed and verified by the Assessor:

- declared industry(ies) and area(s) of practice, and professional responsibilities;
- understanding of and compliance with quality management standards;
- understanding of the Code of Ethics;
- understanding of and demonstration of compliance with continuing education requirements.

The priorities for the Assessor in assessing the Individual Registrant’s practice include the following:

- confirm compliance with the *Act*, Bylaws, and Code of Ethics;
- confirm and verify supplied information;
- confirm that the Individual Registrant is following standards around direct supervision of delegated work;

- confirm that appropriate documented checking of the Individual Registrant’s work is being carried out;
- confirm that all appropriate risk assessments and independent reviews (i.e., for structural designs and/or high-risk activities or work) are being carried out;
- confirm that documented field reviews are being carried out during implementation or construction;
- confirm the retention of appropriate files and documentation;
- confirm that the Individual Registrant is appropriately authenticating Documents;
- confirm that the Individual Registrant has regard for all relevant Engineers and Geoscientists BC Professional Practice Guidelines, including by staying informed of, knowledgeable about, and meeting the intent of those relevant to the practice; and
- confirm compliance with the Continuing Education Program.

Once the Assessor has completed their review, they will determine whether to close the compliance audit or conduct an interview to resolve any outstanding issues or discrepancies with the information submitted by the Individual Registrant.

### 3.1.5.3 Review by the Assessor – Non-practising Individuals

For non-practising Individual Registrants, the Assessor will perform a detailed review of the compliance audit questionnaire.

The following criteria will be reviewed by the Assessor:

- declared industry(ies) and area(s) of practice, and professional responsibilities; and
- understanding of the Code of Ethics;

The priority for the Assessor in assessing a non-practising Individual Registrant is to confirm that the Individual Registrant is not practising professional engineering or geoscience.

## **3.1.6 INTERVIEWS**

### **3.1.6.1 Preparation for an Interview**

If the Assessor decides that an interview is necessary, the Assessor will contact the Individual Registrant to arrange a time for the interview and will provide information about the topics they wish to discuss. An interview will typically occur virtually as a videoconference, unless otherwise discussed with and agreed to by the Assessor.

Prior to the interview, the Assessor may request the Individual Registrant to provide additional documentation to help resolve the outstanding issues from the documentation review. The Individual Registrant must provide all requested materials within the timeframe outlined by the Assessor.

### **3.1.6.2 Initial Interview**

An initial interview will typically begin with the Assessor providing a review of the outstanding issues, followed by a discussion with the Individual Registrant, and a review of any additional documentation that has been provided. The Assessor may also ask to review examples from projects (ongoing or completed in BC) and use the examples to verify compliance with standards, guides, and requirements set in the Bylaws.

Individual Registrants being audited must cooperate with and facilitate the compliance audit process, including by ensuring that they provide all necessary, relevant, and required information to the Assessor.

In some cases, more than one interview may be necessary to resolve any outstanding issues identified by the Assessor.

In some instances, an additional Assessor or observer may be included in the interview process to ensure consistency with the compliance audit process, for program staff training purposes, or if the Individual Registrant has raised a concern with the audit process.

### **3.1.6.3 Closing Interview**

A closing interview will be held for any audit files that include Major Non-conformances. A closing interview is optional, but can be requested by Individual Registrants, for audit files resulting in Minor Non-conformances, OFIs, or no findings.

The objective of the closing interview is to discuss any non-conformances with the Individual Registrant and inform them of the next steps, including submission of required CAPs for Minor Non-conformances.

Individual Registrants can use the closing interview to ask any questions they have about the audit findings and report. Comments from the Individual Registrant may be incorporated into the final report.

## **3.1.7 COMPLETION OF AUDIT REPORT BY THE ASSESSOR**

After the documentation review and interview (if applicable), the Assessor will develop a comprehensive compliance audit report detailing the Assessor's findings and recommendations. After the closing interview (if applicable), the Assessor will send a preliminary compliance audit report to the Individual Registrant for review. After two business days, the Assessor will finalize the compliance audit report and send it to the Individual Registrant.

## **3.1.8 OUTCOMES OF THE COMPLIANCE AUDIT**

If the compliance audit report contains no audit findings or only identifies Opportunities for Improvement (OFIs), the Individual Registrant is considered to be in full compliance. The Audit and Practice Review Committee and the Individual Registrant will receive a copy of the compliance audit report, and the Assessor will close the compliance audit file.

If the compliance audit report contains audit findings, the Individual Registrant is considered to be in non-compliance. The compliance audit report would include at least one Minor Non-conformance(s) or one

Major Non-Conformance, or a combination, and may also include at least one OFI.

Each type of audit finding is summarized and described in more detail in [Table 1](#).

1. **OFI(s):** Non-binding recommendations from the Assessor to the Individual Registrant on how to improve their practice.

Any OFIs submitted will be transmitted through the audit portal and must be reviewed and acknowledged by the Individual Registrant within 15 business days.

2. **Minor Non-conformance(s):** A failure to meet an applicable regulatory requirement(s) which is not systemic, and for which the Assessor does not have reason to believe there is a significant risk of harm to the environment or to the health and safety of the public or a group of people.

Minor Non-conformances must be corrected prior to closing the audit file. In this case, the Individual Registrant will have to draft a CAP for each Minor Non-conformance and submit the CAP(s) to the Assessor within 15 business days of receiving the audit report.

For more information on how to complete a CAP, see [How to Complete a Corrective Action Plan](#).

The Assessor will review the CAP(s) and take one of the following actions:

- i. If a CAP is approved but requires follow-up to verify implementation, the Individual Registrant will be required to submit information to verify the implemented CAP(s) at a later date set by the Assessor.
- ii. If all CAP(s) are approved, the audit report file will be closed, and a copy of the final audit report will be submitted to the Individual Registrant and the Audit and Practice Review Committee.
- iii. If one or more CAP is rejected, the Individual

Registrant will have an opportunity to revise and resubmit their CAP(s). The Assessor can provide additional context on why the CAP was rejected to ensure an acceptable CAP can be resubmitted. A new deadline will be set for submission of the revised CAP.

- iv. The Assessor, in discussion with the Individual Registrant, may also extend the time period to complete the CAP if they so choose.
  - v. If a CAP is not submitted, the Individual Registrant will be notified that the audit file is being referred to the Audit and Practice Review Committee and they have the opportunity to submit a written response via email within 10 business days. After this time, the Assessor will refer the compliance audit report file—including any response from the Individual Registrant—to the Audit and Practice Review Committee for their action.
3. **Major Non-conformance(s):** A failure to meet an applicable regulatory requirement(s) on a systemic scale, and/or a finding for which the Assessor has reason to believe there is a significant risk of harm to the environment or to the health and safety of the public or a group of people.

If a Major Non-conformance is identified, the final audit report will be submitted to the Individual Registrant, and they have the opportunity to submit a written response via email within 15 business days. After this time, the Assessor will refer the compliance audit file—including any response from the Individual Registrant—to the Audit and Practice Review Committee for their action.

Table 1: Outcomes of the Compliance Audit

OUTCOMES OF THE COMPLIANCE AUDIT:	SUMMARY:
<b>In Compliance</b>	Compliance audit report contains no audit findings or only OFI(s). The Assessor finds that the Individual Registrant is in compliance with all regulatory requirements. The Assessor closes the compliance audit file and provides a copy of the final compliance audit report to the Audit and Practice Review Committee.
<b>Non-Compliance</b>	Compliance audit report contains audit findings, i.e. at least one Minor Non-conformance(s) or one Major Non-conformance, or a combination, and may also include at least one OFI.
TYPES OF COMPLIANCE AUDIT FINDINGS	
<b>Opportunity for Improvement</b>	<p>The Assessor provides non-binding recommendations to the Individual Registrant on how to improve their practice.</p> <p><u>Example:</u> The Individual Registrant’s industry(ies) and area(s) of practice declared through their Engineers and Geoscientists BC account do not match those in the submitted audit questionnaire, as required by Bylaw s. 5.27(4)(d)(1) and (2).</p> <p><u>Explanation:</u> As the issue was resolved by the Individual Registrant during the audit and the risk is low, this was identified by the Assessor as an OFI.</p> <p><u>Action required:</u> The Individual Registrant must acknowledge the OFI through the audit portal within 15 business days of receiving the audit report.</p>
<b>Minor Non-conformance(s)</b>	<p>A failure to meet an applicable regulatory requirement(s) which is not systemic, and for which the Assessor does not have reason to believe there is a significant risk of harm to the environment or to the health and safety of the public or a group of people. Minor Non-conformance(s) must be corrected prior to closing the audit file.</p> <p><u>Example:</u> The Individual Registrant acting as the Professional of Record did not complete a documented risk assessment prior to initiating a professional activity or work, as required by Bylaw s. 7.3.6(3). Their employer’s PPMP has policies and procedures regarding risk assessment.</p> <p><u>Explanation:</u> When classifying the finding, the Assessor considered that the Individual Registrant’s area of practice is low to moderate risk, and that their employer’s PPMP has policies and procedures regarding risk assessment. As such, this was identified by the Assessor as a Minor Non-conformance.</p> <p><u>Action required:</u> The Individual Registrant must draft a Corrective Action plan (CAP) for each Minor Non-conformance and submit them to the Assessor through the audit portal within 15 business days of receiving the audit report.</p>
<b>Major Non-conformance(s)</b>	<p>A failure to meet an applicable regulatory requirement(s) on a systemic scale, and/or a finding for which the Assessor has reason to believe there is a significant risk of harm to the environment or to the health and safety of the public or a group of people.</p> <p><u>Example:</u> The Individual Registrant is not completing documented independent reviews for all structural designs before being issued for construction, as required by Bylaw s. 7.3.5(1). Their employer’s PPMP does not have policies and procedures regarding independent review of structural designs.</p> <p><u>Explanation:</u> When classifying the finding, the Assessor considered that the Individual Registrant’s area of practice is high-risk, and that their employer’s PPMP does not have policies and procedures regarding independent review of structural designs. As such, this was identified by the Assessor as a Major Non-conformance.</p> <p><u>Action required:</u> The final audit report will be submitted to the Individual Registrant, and they have the opportunity to submit a written response via email within 15 business days. The Assessor will then refer the file to the APRC for action along with any response from the Individual Registrant.</p>

### 3.1.9 ADJUDICATION BY THE AUDIT AND PRACTICE REVIEW COMMITTEE

For all files referred to the Audit and Practice Review Committee, the APRC will review the final compliance audit report, supporting documents, and any comments from the Individual Registrant and make one of the following decisions:

- close the compliance audit file;
- prescribe Corrective Action to the Individual Registrant to be completed in a specified time-period. This could be in addition to Corrective Action already assigned by the Assessor and could also include a follow-up in the form of one or more additional compliance audits;
- authorize a practice review. The process for a practice review can be found in Engineers and Geoscientists BC's [Guide to the Practice Review Program for Individual Registrants](#) (Engineers and Geoscientists BC 2023a); or
- notify the Investigation Committee, pursuant to Section 110(4) of the *PGA*, or refer the compliance audit report and file to the Investigation Committee, pursuant to Section 110(3) of the *PGA*.

Written confirmation of the Audit and Practice Review Committee's decision, complete with the final audit report, will be sent to the Individual Registrant. The Assessor will also be notified of the APRC's decision.

In a case where the APRC prescribes a Corrective Action, if the Individual Registrant completes the Corrective Action within the time-period, the Audit and Practice Review Committee will close the compliance audit file and notify the Individual Registrant in writing.

In addition to the above, the Assessor may recommend to the Audit and Practice Review Committee, the initiation of a practice review of a different Individual or Firm Registrant on the basis of any information obtained or assessments made during the compliance audit.

### 3.2 RETENTION OF COMPLIANCE AUDIT FILES

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Compliance audit files retained by Engineers and Geoscientists BC are confidential and may not be used other than as provided for in the *Act*. Files of an Individual Registrant's compliance audit—including all responses to Assessor reports—are kept indefinitely.

Compliance audit enquiries under the *Freedom of Information and Protection of Privacy Act* should be directed to Engineers and Geoscientists BC's Privacy Analyst by email at [privacy@egbc.ca](mailto:privacy@egbc.ca).

Table 2: Audit Process Steps

AUDIT PROCESS STEPS:	SUMMARY:
<p><b><u>Step One:</u></b> Initiation</p>	<ul style="list-style-type: none"> <li>• The Individual Registrant is selected for a compliance audit.</li> <li>• The Individual Registrant is assigned an Assessor.</li> <li>• The Assessor completes the Conflict-of-Interest declaration.</li> <li>• The Individual Registrant is emailed information about the audit.</li> <li>• The Individual Registrant is required to complete a conflict-of-interest declaration, questionnaire, and submit any required documentation.</li> </ul>
<p><b><u>Step Two:</u></b> Documentation Review</p>	<ul style="list-style-type: none"> <li>• The Assessor performs a review of the questionnaire and attachments.</li> <li>• The Assessor may follow up with the Individual Registrant for additional information.</li> <li>• The Assessor will determine whether to close the compliance audit or conduct an interview to verify supporting documents as listed in the questionnaire.</li> </ul>
<p><b><u>Step Three:</u></b> Interview (if required)</p>	<ul style="list-style-type: none"> <li>• An initial interview will be conducted to review documentation to verify compliance.</li> <li>• A closing interview will be held for any audit files that include Major Non-conformances.</li> <li>• A closing interview is optional for audit files that include Minor Non-conformances, OFIs, or no findings.</li> </ul>
<p><b><u>Step Four:</u></b> Completion of Audit Report by the Assessor</p>	<ul style="list-style-type: none"> <li>• After the documentation review and interview (if applicable), the Assessor develops a comprehensive compliance audit report detailing the Assessor's findings and recommendations.</li> <li>• After the closing interview (if applicable), the Assessor sends a preliminary draft compliance audit report to the Individual Registrant for review.</li> <li>• After two business days, the Assessor finalizes the compliance audit report and sends it to the Individual Registrant.</li> </ul>
<p><b><u>Step Five:</u></b> Individual Registrant is sent Audit Report</p>	<ul style="list-style-type: none"> <li>• The Assessor's report will conclude that the Individual Registrant is either in compliance or not in compliance.</li> </ul>
<p><b><u>Step Six:</u></b> Individual Registrant Reviews Audit Report and Acts on Audit Findings (if applicable)</p>	<p><u>Opportunities for Improvement</u></p> <ul style="list-style-type: none"> <li>• The Individual Registrant is required to acknowledge any Opportunities for Improvement identified by the Assessor.</li> </ul> <p><u>Minor Non-conformances</u></p> <ul style="list-style-type: none"> <li>• If there are Minor Non-conformances found, the Individual Registrant will draft a CAP and submit it to the Assessor.</li> <li>• The Assessor will take one of the actions described in <a href="#">Section 3.1.8 "Outcomes of the Compliance Audit."</a></li> </ul> <p><u>Major Non-conformances</u></p> <ul style="list-style-type: none"> <li>• If there are Major Non-conformances found, the file will be referred to the Audit and Practice Review Committee.</li> <li>• The Individual Registrant will have 15 business days to provide a written response.</li> <li>• The Audit and Practice Review Committee will review the final compliance audit report and any comments from the Individual Registrant and make one of the decisions described in <a href="#">Section 3.1.9 "Adjudication by the Audit and Practice Review Committee."</a></li> </ul>
<p><b><u>Step Seven:</u></b> Audit File Closure</p>	<ul style="list-style-type: none"> <li>• Once all audit findings are resolved, the audit file will be closed.</li> <li>• The Individual Registrant will receive notification of file closure.</li> </ul>

# 4.0

# COMPLIANCE

## 4.1 IMPORTANCE OF A COMPLIANCE AUDIT

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An individual compliance audit is a crucial, mandatory process for Individual Registrants selected for an audit. Audits check on an Individual Registrant's current professional practice to ensure it aligns with best practices and adheres to compliance requirements.

Compliance audits are an integral part of an Individual Registrant's professional practice, and Individual Registrants are expected to prioritize this process by:

- allocating time to undergo the audit process;
- prioritizing the scheduling of audit activities to fit with other professional duties and responsibilities; and
- managing audit timelines to avoid extensions and interview rescheduling requests, and ensuring timely completion.

Extensions and interview rescheduling requests may be granted in unavoidable or unforeseen circumstances and the Assessor may ask for supporting documents to process the request.

## 4.2 HOW TO COMPLY WITH THE COMPLIANCE AUDIT PROCESS

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The *Act* empowers Engineers and Geoscientists BC to administer the compliance audit program for Individual Registrants, and Section 8.6 of the Bylaws requires Individual Registrants to participate in the compliance audit process by:

- completing and submitting the conflict of interest declaration form;
- completing and submitting the compliance audit questionnaire;
- responding to requests and answering all questions;
- providing access to all requested information, files, or records in the Individual Registrant's possession or control, including but not limited to information, files, or records related to the Individual Registrant's compliance with applicable continuing education requirements, quality management standards, Professional Practice Guidelines, practice advisories, and policies of Engineers and Geoscientists BC;
- attending one or more interviews with the Assessor, either in person or electronically; and
- facilitating office and site visits, in person or electronically, by the Assessor or any person designated by the Assessor, including taking reasonable steps to arrange for office and site access and any information required to comply with applicable health and safety legislation during the site visit.

Failure to cooperate with the process may result in suspension of an Individual Registrant's registration with Engineers and Geoscientists BC.

Individual Registrants must also:

1. respond to the Assessor regarding the compliance report within the required time period, if the Individual Registrant wants to provide comments before the Assessor refers the file to the Audit and Practice Review Committee;

2. acknowledge any OFIs reported by the Assessor within the required time period;
3. submit any CAPs requested by the Assessor;
4. complete any Corrective Actions prescribed by the Audit and Practice Review Committee within the required time period; and
5. comply with any decisions made by the Audit and Practice Review Committee.

Failure to complete requirements 2 or 3 may result in the compliance audit file being referred to the Audit and Practice Review Committee for further action.

Failure to complete requirements 4 or 5 may result in authorization of a practice review or referral of the compliance audit file to the Investigation Committee.

## 4.3 RECOMMENDATIONS FOR INDIVIDUALS

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The compliance audit program for Individual Registrants is intended to be a positive experience for Individual Registrants. For most Individual Registrants, the result of an audit will be to recommend areas of improvement to their practice and to provide concrete actions that can be taken if any requirements are not being met. Assessors conduct audits to assess compliance, but also to provide advice and guidance on how to comply with requirements. Assessors are also able to suggest remedial tools and resources for Individual Registrants to improve their practice and their understanding of their obligations.

Engineers and Geoscientists BC encourages Individual Registrants to use the compliance audit process as a learning experience that can help improve their practice. Individual Registrants that are honest, forthright, and bring a continuous improvement mindset to their audits are likely to see the greatest benefit from the compliance audit process.

# 5.0

# ROLE OF THE FIRM

## 5.1 REQUIREMENTS FOR FIRMS

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Firms that are providing engineering and/or geoscience advice and/or services in BC must be registered with Engineers and Geoscientists BC and have a Permit to Practice.

In addition to undergoing firm-level compliance audits, Registrant Firms are also required to support their Professional Registrants in meeting their individual compliance audit program requirements. This may include:

- providing a location for the compliance audit to be conducted, if the audit is conducted while the employee is in the Registrant Firm's physical location;
- providing time for an Individual Registrant to prepare for and undergo the compliance audit.
- providing access to Documents, including project files, Professional Practice Management Plans, and correspondence for the Assessor's review as part of the compliance audit;
- providing access to other staff who the Assessor may request to interview during the compliance audit process; and
- having a Professional Practice Management Plan in place that meets the Permit to Practice requirements, including the requirements related to ethics, continuing education, and quality management.

For more information, please refer to the [Firm Practice Overview page](#) on the Engineers and Geoscientists BC website.

## 5.2 RECOMMENDATIONS FOR FIRMS

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Firms who are not required to have a Permit to Practice are encouraged to support their employees who are Individual Registrants, as outlined above.

If employed by a Registrant Firm, Individual Registrants are also encouraged to share the results of their individual compliance audits with the firm to help address systemic issues that may have contributed to findings of non-conformance. If shared, Registrant Firms are encouraged to review these results, to help develop and improve policies that can help keep Individual Registrants in compliance.

# 6.0 REFERENCES

## 6.1 LEGISLATION

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*Professional Governance Act* [SBC 2018], Chapter 47.

Vancouver Building By-law (VBBL)

*Occupational Health and Safety Regulation (OHSR)*

## 6.2 CODES AND STANDARDS

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*BC Building Code (BCBC)*, Section 8.2, Article 8.2.1.2

## 6.3 CITED WORKS

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Engineers and Geoscientists BC. 2021b. Guide to the Code of Ethics. Version 2.0. Burnaby, BC: Engineers and Geoscientists BC. [accessed 2025 August 20] <https://www.egbc.ca/Complaints-Discipline/Code-of-Ethics/Code-of-Ethics>

# 7.0 APPENDIX

Appendix A: Compliance Audit Exemption Form .....20

## APPENDIX A: COMPLIANCE AUDIT EXEMPTION FORM

Registrants on a leave of absence or having other extenuating circumstances which prevent them from undergoing a compliance audit are eligible to submit a request for exemption. Registrants who hold a Sole Practitioner Permit to Practice with Engineers and Geoscientists BC, or are employed by a Registrant Firm that has undergone a compliance audit in the previous 12 months with an in-compliance result, are also eligible to submit a request for exemption. Non-practising status and/or retirement are not acceptable reasons for audit exemption.

Exemption requests must be made by completing the application form below and submitting it to [individualaudits@egbc.ca](mailto:individualaudits@egbc.ca). The form can also be completed [online](#). Registrants must provide as much detail as possible to outline the reason for an exemption.

Registrants can expect an answer to the outcome of their exemption application within 5 to 7 days of receipt, unless the request is being reviewed by the Audit and Practice Review Committee, in which case the Registrant will be informed of an estimated response date by the Committee.

REGISTRANT INFORMATION			
Name and Designation:		Registrant ID:	
Registration Type:	<input type="checkbox"/> Practising	<input type="checkbox"/> Non-Practising/Other	
Professional Role/Title:			
Area and Industry of Practice:	<a href="#">Click here for a list of areas and industries of practice.</a>		

EMPLOYER INFORMATION		
Firm/Employer Name:		
Permit to Practice Number:		
Sole Practitioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EXEMPTION INFORMATION		
Reason for Exemption:	<input type="checkbox"/> Parental Leave	<input type="checkbox"/> Medical Leave
	<input type="checkbox"/> Compassionate Care Leave	<input type="checkbox"/> Unemployment
	<input type="checkbox"/> Other Extenuating Circumstance (please specify below)	
Please provide additional relevant details to support your exemption request:		
Will you be doing any professional engineering or professional geoscience work in BC while you are on leave?		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
If you will be working while on leave, please describe how many hours you will be working and the type of work you will be undertaking:		
How long will you be absent from Practice?	<input type="checkbox"/> 6 months or less	<input type="checkbox"/> Over 6 months
Start Date of Leave:		
End Date of Leave:		

DECLARATION			
<input type="checkbox"/>	I hereby declare that the information presented above is true to the best of my knowledge and that I have not withheld any information that may have a bearing upon the consideration of this application.		
<input type="checkbox"/>	I understand that an approved exemption only impacts my individual compliance audit and will not be extended to other regulatory requirements such as Annual Reporting, Continuing Education, Permit to Practice, and annual fee renewal.		
Name:		Date:	

Once complete, please submit the exemption request form to [individualaudits@egbc.ca](mailto:individualaudits@egbc.ca).

**Note:** Additional documentation supporting your exemption request can be included as an attachment to this form.

**Note:** If granted, exemptions will apply to this compliance audit only and you must reapply for a new exemption if you are randomly selected for another compliance audit in the future.



