



**A. IDENTIFICATION**

1. Name in Full: \_\_\_\_\_  
Surname First Name Middle Name(s)

Please check one:  Miss  Mrs.  Ms.  Mr.

Name as it should appear on the Certificate/Seal: \_\_\_\_\_

2. Residence Address: \_\_\_\_\_  
Street Address Apt. No.

\_\_\_\_\_  
City Province//Territory/State Country Postal/Zip Code

3. Place of Business: \_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Street Suite No

\_\_\_\_\_  
City Province//Territory/State Country Postal/Zip Code

Please check one:  Sole Proprietorship  Partnership  Corporation  Partnership of Corporations

4. Residence Tel: ( ) \_\_\_\_\_ Business Tel: ( ) \_\_\_\_\_

5. E-mail: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

7. Please list any languages you are fluent in, either written and/or spoken: \_\_\_\_\_

8. a) I am a Canadian Citizen (Provide copy of Birth Certificate or Passport)  Yes  No

**or**

b) I am legally entitled to work in Canada (Attach copy of certificate/visa, etc.)  Yes  No

9. Please check the contact information you would like to appear on the NSAA website and directory:

Place of Business  Business Address  Business Telephone  E-Mail

**B. EDUCATION HISTORY**

1. Indicate Broadly Experienced Foreign Architect Certification (BEFA) and Canadian Architectural Certification Board (CACB) approval:

CACB Certificate Number: \_\_\_\_\_ Year Granted: \_\_\_\_\_

BEFA Certificate Number: \_\_\_\_\_ Year Granted: \_\_\_\_\_

2.

**Post-Secondary Institution      Dates of Attendance      Degree/Diploma Received**

Post-Secondary Institution	Dates of Attendance	Degree/Diploma Received

### C. EMPLOYMENT/LICENCE HISTORY

Use supplementary sheets if needed.

1. Please list your employment history:

Name of Place of Business	Dates of Employment	City / Region	Country

2. Please complete the following Licence/Registration History Information

a) Jurisdiction in which **first** Licence/Registration issued:

Jurisdiction	Membership Type	Lic./Reg. Number	Date Licence issued

b) List all jurisdictions in which you **currently** hold a Licence/Registration:

Jurisdiction	Membership Type	Lic./Reg. Number	Date Licence issued

c) List all jurisdictions in which you **previously** held a Licence/Registration and provide the reason you no longer hold a Licence in those jurisdictions:

Jurisdiction	Membership Type	Lic./Reg. Number	Date Licence/Registration Issued	Date Resigned/Cancelled	Reason Resigned/Cancelled

### D. CHARACTER / PROFESSIONAL CONDUCT

1. a) Have you ever been denied a Licence? Yes  No
- b) (i) Has your Licence ever been suspended or revoked? Yes  No
- (ii) Has your Licence ever been cancelled? Yes  No
- c) Have you resigned your membership in any organization of architects or allowed your Licence/Registration to lapse for any reason not listed above? Yes  No
- d) Have you ever been convicted of an offence which may be relevant to your suitability to practise architecture? Yes  No
- e) (i) Have you ever been found guilty of professional misconduct or incompetence? Yes  No
- and/or**
- (ii) Is your conduct or competence presently the subject of proceedings? Yes  No
- f) Was your conduct or competence under review at the time of your resignation or cancellation? Yes  No
- g) Have you been issued a Licence in any jurisdiction which is subject to any Terms, Conditions or Limitations? Yes  No

If you have answered “yes” to any questions from a) through g), use a supplementary sheet to provide dates and details.

**D. CHARACTER / PROFESSIONAL CONDUCT** (Cont.)

2. Complete the applicant portions of the two copies of the attached “Appendix A - Reference Request” forms and forward to two individuals\* who can attest to you being of such good character as to safely and ethically engage in the practice of architecture.

\* One reference must be from someone you have worked with in the practice of architecture and one reference must be from someone who has known you personally for at least two years, and neither of whom can be related to you.

**E. NATURE OF PRACTICE**

1. Please note: Check all categories that apply.  
List place of business in appropriate space(s).

I verify that, the nature of my intended practice is as:

- i.  a sole proprietor: \_\_\_\_\_
- ii.  \* an employee of a partnership/corporate entity: \_\_\_\_\_
- iii.  \* a partner in a partnership: \_\_\_\_\_
- iv.  \* a director and/or officer in a corporate entity: \_\_\_\_\_
- v.  other: \_\_\_\_\_

2. If you have checked box “i”, “ii”, “iii”, or “iv”, please note that a Corporate Permit is required for you to practice architecture on behalf of this business. Ensure that your firm has a current Corporate Permit with the NSAA, or apply for one at this time. Please provide the following information:

Name of Person in Firm Responsible for Corporate Permit: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**F. PROFESSIONAL LIABILITY INSURANCE**

Upon approval of this application, I confirm that I will apply for liability insurance in the minimum amount of \$250,000 per claim with aggregate coverage of at least \$500,000 and that this insurance covers all work in Nova Scotia.

Yes  No

If No, please specify your reason for exemption under Clause 10(2) of the Regulations:

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\*Act and Regulations can be found at <http://www.nsaa.ns.ca/resources/governance-resources/> .

## G. DECLARATION

I am the person making application for a licence to practice architecture.

The photograph submitted with this application is an unaltered photograph of me taken within the last six months before the application was made.

I hereby authorize the Nova Scotia Association of Architects to make such inquiries about me as it considers appropriate in connection with this application for a licence and consent to any third party releasing information to the Association in connection with this application.

I further authorize the Association to disclose information about me, including, for example, copies of this form and documents submitted in this application process to other regulatory authorities and architectural registration boards.

I have read, understood, and will abide by the provisions of:

- a. the Architects Act;
- b. Regulations under the Architects Act;
- c. Bylaws of the Association;
- d. NSAA Code of Ethics and Professional Conduct;
- e. Provincial Building Code of Nova Scotia; and
- f. Builder's Lien Act.

I understand that in order to have my licence renewed, I must meet the Continuing Education requirements approved by the Nova Scotia Association of Architects.

I understand that I have not satisfied the requirements for a licence if, in connection with this application or any past application, I have made a false or misleading representation, either because of what I have stated or what I have omitted. I understand that if I have made a false or misleading representation my licence may be revoked.

I understand that I must maintain Professional Liability Insurance, as per section 10 of the Regulations pursuant to the Nova Scotia Architects Act, up to and including the warranty period following completion of all projects. I understand that this Professional Liability Insurance must cover all work on projects in Nova Scotia during this time.

The answers I have given and the information I have provided is true, complete and without intent to mislead.

I have read, understood and signed this application. I will immediately notify the Association of any changes to any of the information contained in this application.

I make this declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the \_\_\_\_\_, \_\_\_\_\_  
City Province/State, Country

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Witness' Name

\_\_\_\_\_  
Signature

**APPENDIX A - REFERENCE REQUEST**

**To the Applicant:** Please complete this section before submitting the form to your referee. *(Please Print)*

Full Name of Applicant: \_\_\_\_\_  
Surname Given Names Previous Name(s) (if applicable)

Full Name of Referee: \_\_\_\_\_  
Surname Given Names Previous Name(s) (if applicable)

I authorize the referee stated above to disclose to the Nova Scotia Association of Architects, information relevant to licensure which would otherwise be confidential and I agree that communication between the NSAA and the referee shall be privileged.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Referee:** The person named above has applied for licensure with the NSAA. Your early response to the questions outlined below will ensure prompt consideration of the applicant’s application. The information you provide is confidential and will not be released to the applicant or to anyone outside the NSAA, unless required by the provisions of the Fair Registration Practices Act.

1. Is the applicant related to you?  Yes  No
2. If “Yes” in what manner? \_\_\_\_\_
3. In what capacity do you know the applicant? \_\_\_\_\_  
Please provide details (ie Personal friend, Supervisor, Teacher, Minister, etc).
4. How long have you known the applicant? \_\_\_\_\_
5. If you worked with the applicant, indicate name of organization, duration, and applicant’s duties:  
\_\_\_\_\_  
\_\_\_\_\_

6. Has the applicant to your knowledge ever:
 

(a) Been the subject of a complaint or disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Been the subject of criminal charges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Abused alcohol, narcotics or other drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Been treated for a condition which may currently compromise the individual’s ability to practice safely and ethically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you know of any ethical problems relating to the practice of architecture which the applicant has demonstrated?  Yes  No
8. Is there any reason why you would not consider the applicant to have adequate knowledge, skills and judgment required to engage in the practice of architecture?  Yes  No
9. Are you aware of any aspect of the applicant’s interpersonal skills/attitude that may cause difficulties in relationships  Yes  No
10. Have you any additional information with respect to this applicant which may affect their application for licensure in Nova Scotia?  Yes  No
11. Would you recommend this applicant for licensure without reservation?  Yes  No

**If you have answered “Yes” to questions 6-10, or no to 11, please provide a written response along with this form.**

\_\_\_\_\_  
Signature of Referee Date Contact Information (phone number or email address)

**Please return this form directly to the Nova Scotia Association of Architects at the address above. The form can be emailed to the address above with the understanding that the original will be mailed.**

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