

**Application for Intern Architect**

**Please Note:** The attached application is for individuals who have yet to complete the experience and examination requirements of the Internship in Architecture Program and who hold a certificate number from the Canadian Architectural Certification Board.

A completed application includes:

- Completed application form
- Evidence of certification (Copy of CACB Certificate)
- Copies of all Degrees and Diplomas
- Completed Mentor Confirmation
- Completed Employer Confirmation
- Payment in the amount of \$195.50 (15% HST included) - non-refundable application fee
- If you are applying from outside of Nova Scotia, you must provide written confirmation of successful completion of examinations to date (See Section C), and have any prior experience approved by another jurisdiction or examination documentation forwarded to the NSAA directly from that jurisdiction.

**Please be advised that:**

**All dues and fees include 15% HST. Dues and fees must be paid by credit card.**

*Please select payment method:*

Charge \$\_\_\_\_\_ to Credit Card:          

**Credit Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ / \_\_\_\_\_

**Cardholder Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**A. IDENTIFICATION**

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

Please check one:  Miss  Mrs.  Ms.  Mr.

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

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

3. Business Address: \_\_\_\_\_  
Firm Name

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

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

Please send mail to:  Home Address  Business Address

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

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

6. Please list all languages in which you are fluent, either written and/or spoken:

\_\_\_\_\_

7. 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 work visa/documentation, etc.) Yes  No

8. I give the NSAA permission to share my contact information with the Intern Architect Subcommittee so that they make contact me. Yes  No

**B. EDUCATION HISTORY**

1. Indicate Canadian Architectural Certification Board (CACB) approval:

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

2.

Post-Secondary Institution	Dates of Attendance	Degree/Diploma Received

### C. EXAMINATION AND EXPERIENCE HISTORY

If you are transferring your Intern Membership from another jurisdiction and have either experience or examination progress, you must have your previous jurisdiction send copies of examinations results and/or Canadian Experience Record Book submissions and assessments directly to the NSAA.

Do you have any examination or experience from a previous jurisdiction that will be sent to the NSAA? Yes  No

If yes, from which jurisdiction? \_\_\_\_\_  
Jurisdiction

### D. PROFESSIONAL CONDUCT AND HISTORY *(Use supplementary sheets if necessary.)*

1. Have you ever been denied a Professional Membership registration or Licence? Yes  No
2. (a) Have you ever been disciplined by any professional regulatory body? (Include reference to any discipline including Conditions or Restrictions on your Registration or Licence, Fines, Suspensions, Reprimands, or Revocations)? Yes  No   
(b) Has your Registration or Licence ever been cancelled? Yes  No
3. Have you resigned your membership in any organization of architects or allowed your Registration or Licence to lapse for any reason? Yes  No
4. Are you currently charged with, or have you ever plead guilty to, or been convicted of, a criminal offence for which you have not been granted a pardon? Yes  No
5. (a) Have you ever been found guilty of professional misconduct or incompetence? Yes  No   
(b) Is your conduct or competence presently the subject of proceedings? Yes  No   
(c) Have you ever been treated for a condition which may currently compromise your ability to practice safely and ethically? Yes  No
6. Have you been issued a Registration or Licence in any jurisdiction which is subject to any terms, conditions or limitations? Yes  No
7. Have you ever been sued, in any jurisdiction, regarding your professional practice? Yes  No
8. Has your conduct or competence ever been under review by any professional regulatory body? Yes  No

If you have answered “yes” to any of the above questions, use a supplementary sheet to provide dates and details

**E. DECLARATION**

I, \_\_\_\_\_ do solemnly declare:  
(Name in Full)

- (a) THAT I am the applicant herein.
- (b) THAT the facts set out in the foregoing application are true and correct in every particular.

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

AND I authorize the Nova Scotia Association of Architects to publish in their directory and website any of the following contact information: Name, Business Address, E-Mail Address, and Business Telephone Number.

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONFIRMATION OF MENTOR**

**Intern's Name in Full:** \_\_\_\_\_

I agree to act as Mentor to the above named Intern for the period of pre-registration architectural experience as required and shall act as professional advisor conducting reviews and assessments of the architectural experience and generally assisting the Intern in preparing for registration/licensure in accordance with the Internship in Architecture Program.

I confirm that I have reviewed the duties of a Mentor as set out in the Internship in Architecture Program Manual and have agreed to perform these duties.

\_\_\_\_\_  
**Name of Mentor**

(Please print)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*This page must be completed by the above listed Intern Architect's mentor. Only an NSAA Licensed Architect or Retired Architect is eligible to be a Mentor to an Intern Architect.*

**CONFIRMATION OF EMPLOYMENT**

**Intern's Name in Full:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Employment Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

I confirm that the above-noted Intern is employed with our Architectural Practice or Eligible Architectural Employment Situation and that this entity shall provide the required pre-registration architectural experience in accordance with the Internship in Architecture Program.

I confirm that I have reviewed the duties of a Direct Supervisor as set out in the Internship in Architecture Program Manual and have agreed to perform these duties.

\_\_\_\_\_  
**Name of Supervising Architect**  
(Please print)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*This page must be completed by the above listed Intern Architect's direct supervisor. Only an NSAA Licensed Architect who is employed in the same firm as the Intern Architect is eligible to be a Supervising Architect to an Intern Architect.*