

A. IDENTIFICATION

1. Name in Full: _____
Surname First Name Middle Name(s)
- Please check one: Male Female Prefer to Self-Identify _____
- 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: _____
Year Month Day
7. Please list any languages you are fluent in, either written and/or spoken: _____
- 8.
- a. I am a Canadian Citizen (Attach 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 Canadian Architectural Certification Board (CACB) approval:
Certificate Number: _____ Year Granted: _____
- 2.
- | Post-Secondary Institution | Dates of Attendance | Degree/Diploma Received |
|----------------------------|---------------------|-------------------------|
| | | |
| | | |
| | | |

C. EMPLOYMENT/EXPERIENCE HISTORY

1. Canadian Architectural Licensing Authority (CALA)
jurisdiction in which internship experience requirement was completed: _____

Date internship experience requirements
were confirmed by CALA jurisdiction to be completed: _____

Please note: If confirmation of completion of internship requirements is provided by a CALA jurisdiction other than Nova Scotia, a letter must be provided by the applicable jurisdiction (sent directly from the Canadian Architectural Regulatory Body to the NSAA Registrar) confirming the date of successful completion of the work experience requirements of the IAP. Applicants must satisfy the NSAA’s currency of experience requirement as per section 2 of the Appendix B pursuant to the Internship in Architecture Program (IAP) Manual.

D. EXAMINATION HISTORY

CALA jurisdiction in which internship examination requirement was completed: _____

- 1. Examination for Architects in Canada (ExAC) Completion Date: _____
- 2. Architectural Registration Examination (NCARB) Completion Date: _____
- 3. Other (Please Specify): _____ Completion Date: _____

Please Note: Completion date refers to notification of successful completion of examination process. If examination was written outside of Nova Scotia, you must request written confirmation of successful completion of examinations be sent directly from the applicable architectural regulatory body (or NCARB) to the Nova Scotia Association of Architects.

E. CHARACTER / PROFESSIONAL CONDUCT

- 1.
 - a. Have you ever plead guilty to,
or been convicted of an offence, for which you have not been granted a pardon? Yes No
 - b. If you have answered "yes", provide dates and details of the situation in the space below.
Include the result of any appeals. Use a supplementary sheet if necessary.

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.**

F. 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: _____

G. 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:

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

H. 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 with clients, co-workers or other architects? 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 number above with the understanding that the original will be mailed.

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