

Schedule "A"

**Applications:** 

Student/Recognized Student

Intern Architect

**Licensed Architect (First Licensure)** 

Licensed Architect (Broadly Experienced Foreign Architect)

Licensed Architect through ROAC reciprocity

Licensed Architect through ROAC/NCARB reciprocity

Reclassification of Membership

These applications are revised as warranted by the Board of Registration and Council



## Application for Student Member/Recognized Student Member

Please Note: The attached application is for individuals applying as a Student Member/Recognized Student Member. To be entitled to membership as a Student Member, an individual must be enrolled in or have graduated from an educational program accredited by a designated architectural certification board. There is no application fee or annual renewal fee for a Student Member/Recognized Student.

A Recognized Student Member is a Student who is currently enrolled in an accredited program and has completed 60 credit hours as confirmed by the University. A Recognized Student may submit student hours for review and consideration in the Internship in Architecture Program, 2020.

Benefits of being a Student Member/Recognized Student Member include networking opportunities, periodic updates from Atlantic Associations in the architecture community, opportunities to participate in NSAA committees, and attending annual meetings.

A completed application consists of:

Completed application form

Proof of Current Enrollment in a CACB Accredited Program/University (Confirmation of Enrollment Letter issued by the University for the current academic term)

Proof of Canadian Citizenship or Resident Status (PDF of Canadian Passport or Birth Certificate; or Permanent Resident's Card, Student Visa, or Work Visa)

and for Recognized Students: University Declaration

A.	IDENTIFICATION (P.	lease Print)				
1.	NAME IN FULL:					
	(Surv		(First Nan	ne)	(1	Middle Initials)
2.	MAILING ADDRESS:	12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-				
		(Street)				(Apt#
		(City)	(Provinc	e)		(Postal Code)
3.	RES. TELEPHONE:		CELL PH	HONE:		
	E-MAIL ADDRESS:					
4.	DATE OF BIRTH:(Day,	/Month/Year)				
5.	Do you possess the profic	ciency to speak/write effectiv	ely in the Eng	glish language?	Yes 🗌	No 🗌
	Please list any other langu	ages you are fluent in, either	written and/o	or spoken:		
6.	a) I am a Canadian Citizer	ı or		Yes 🗌	No 🗌	
	b) I hold the status of a pe	ermanent resident of Canada	or	Yes 🗌	No 🗌	
	c) I hold a work visa or stu	ident visa		Yes 🗌	No 🗌	

EDUCATION HISTORY					
Educational Institution	Dates of Attendance	Degree/Diploma Received	Year Received		
-					
RECOGNIZED STUDENT	STATUS:				
I am applying as a REC	OGNIZED STUDENT v	who is currently enrolled in an acc	redited program and ha		
enrolled in the followin	g Program:				
<u>DECLARATION</u>					
hat all information provided applications from this point	is true to the best of your forward with all licensing a	knowledge. Similar declarations	are used on most		
	do solemnly	7			
declare: (Name in					
THAT I am making the appagree that if approved, I wil	olication as a Student Mem l abide by the Act, Regulat	ber of the Nova Scotia Associatio ions, Bylaws, and Canons of Ethic	n of Architects and		
THAT I understand that the must renew my membership	ere is no fee for Student M o annually	embership/Recognized Student M	Membership and that I		
THAT I grant permission to receive student-specific regi	o share my contact information education on al news, information education	ntion with the ALBNL, AANB, and actional	nd AAPEI so I can		
THAT I agree to submit the following form (which must be completed by the University named above), with the submission of my student hours following my first employment block.					
THAT I am the applicant he	erein.				
THAT the facts set out in the	ne foregoing application ar	e true and correct in every particul	lar.		
I make this solemn declaratio	n conscientiously believing	g it to be true and knowing that it			
I authorize the Nova Scotia Annuact information where appr	association of Architects to copriate.	publish in their directory and we	bsite my name		
*					
of Applicant (Please Print)		Signature			
		Date			
	Educational Institution  RECOGNIZED STUDENT  I am applying as a REC completed 60 credit how enrolled in the following declaration is used to that all information provided applications from this point and will help you prepare for find declare: (Name in THAT I am making the appagree that if approved, I will THAT I understand that the must renew my membership THAT I grant permission to receive student-specific region THAT I agree to submit the with the submission of my submit the with the submission of my submit the with the facts set out in the I make this solemn declaration fect as if made under oath, by I authorize the Nova Scotia Assume the submission of the property of the submit the submission of the submit the submission of the submiss	Educational Institution  Dates of Attendance  RECOGNIZED STUDENT STATUS:  I am applying as a RECOGNIZED STUDENT of completed 60 credit hours. I hereby certify that I enrolled in the following Program:  DECLARATION  Collowing declaration is used to confirm that you (the applications from this point forward with all licensing any will help you prepare for future applications.	Educational Institution Dates of Attendance Degree/Diploma Received  RECOGNIZED STUDENT STATUS:  I am applying as a RECOGNIZED STUDENT who is currently enrolled in an acc completed 60 credit hours. I hereby certify that I attend: enrolled in the following Program:  DECLARATION  Ollowing declaration is used to confirm that you (the applicant) are the individual filling or hat all information provided is true to the best of your knowledge. Similar declarations applications from this point forward with all licensing authorities. Becoming familiar with applications from this point forward with all licensing authorities. Becoming familiar with any will help you prepare for future applications.  do solemnly  declare: (Name in Full)  THAT I am making the application as a Student Member of the Nova Scotia Association agree that if approved, I will abide by the Act, Regulations, Bylaws, and Canons of Ethic THAT I understand that there is no fee for Student Membership/Recognized Student Membership annually  THAT I grant permission to share my contact information with the ALBNL, AANB, ar receive student-specific regional news, information educational  THAT I agree to submit the following form (which must be completed by the Universit with the submission of my student hours following my first employment block.  THAT I am the applicant herein.  THAT the facts set out in the foregoing application are true and correct in every particular I make this solemn declaration conscientiously believing it to be true and knowing that it fect as if made under oath, by virtue of the Canada Evidence Act.  I authorize the Nova Scotia Association of Architects to publish in their directory and we intact information where appropriate.		

For more information, please contact the NSAA at: <a href="mailto:info@nsaa.ns.ca">info@nsaa.ns.ca</a>/(902) 423-7607/<a href="https://www.nsaa.ns.ca">www.nsaa.ns.ca</a>



#### **OVERVIEW**

Provincial and Territorial legislation has given each professional governing body both the authority and the responsibility to establish standards of admission and competence for candidates seeking to become licensed/registered as architects in their respective jurisdictions.

The Canadian Educational Standards for Architects (CES) is the academic qualification requirement established by the Regulatory Organizations of Architecture in Canada for candidates seeking to practice architecture in Canada. The CES is empowered by the Conditions for Licensure for Architects in Canada that has been developed and adopted collectively by ROAC.

The CES endorses a variety of pathways to licensure that allows broad by comprehensive access to the profession for candidates from diverse circumstances and includes nationally recognized standards of competence that establish consistent criteria that candidates must meet regardless of their chosen path to licensure.

The CES has two components – one for institutions and one for individuals. It establishes **Student Performance Criteria** (SPCs) and **Program Performance Criteria** (PPCs) for Canadian university Schools of Architecture accredited by an organization recognized by ROAC and hours based on Curriculum Standards for candidates with degrees or diplomas in architecture from institutions that are not accredited by an organization recognized by ROAC.

On July 1, 2020, a new Internship in Architecture Program (IAP) was approved by the Regulators and launched in Canada. The new IAP permits ROAC members to accept the submission of student hours for review and consideration by NSAA as part of the IAP program as detailed in Appendix B, 2021.

Effective July 1, 2022, to be considered student hours must be:

- 1. Obtained while the student is enrolled and attending an accredited program; and
- 2. Completing the final two years of a CACB accredited Master's Program

Any experience gained prior to entering the final two years of a CACB accredited Master's Program or while on leave from the Program, will not be eligible for consideration.

UNIVERSITY REQUIREMENTS (to be completed by the University)

For student hours to be considered the following section must be completed.

#### CONFIRMATION

I(UNIVERSITY REPRESENTATIVE – PLEASE PRINT)	, am duly authorized to provide the follo	owing
confirmation on behalf of the Department/Faculty of		F UNIVERSITY)
I hereby confirm that(STUDENT NAME – PLEASE PRINT)	is:	
Enrolled in an accredited program and		
☐ Is in the final two years of a CACB accredited Master's	Program.	
SIGNATURE	DATE	



## **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 \$207.00 (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: ○ VASA ○ CVC:					
Credit Card # Exp. Date /					
Cardholder Name					
Signature					

## A. IDENTIFICATION

1.			-		<del>.</del>			
		Last Name		First N	ame		Midd	le Name(s)
	Please check one:	□ Male	□Female	□Prefer to self-	identify	<u> </u>		
2.	Home Address:	<u> </u>			<u></u>			
		Street						Apt. No.
		City		Province/Territory/State	Count	ʻy	Posta	1/Zip Code
3.	Business Address:							
		Firm Name						
		Street					<u>-</u> -	0 /: NT
		Street						Suite No.
		City		Province/Territo	ory/State	Country	Posta	1/Zip Code
	Please send mail to	o: 🗆 Home .	Address	☐ Business Address	l			
4.	Home Tel: (	)	<u>-</u>	Bu	siness Tel: (	)		
5.	E-mail:		. <u>.</u>					
6.	Date of Birth:							
7.			Day ch you are :	fluent, either written a	nd/or spoken:			
	J	Ţ.	ŕ	•				
0	-\ I C li-	- Cide - De		-CRivil CoviC	. D		xz. 🗆	
8.	a) I am a Canadia:		ovide copy	of Birth Certificate of	: Passport)		Yes	No 🔝
	b) I am legally ent	itled to work	in Canada	(Attach copy of work	visa/document	ation, etc.)	Yes 🗌	No 🗌
9.			•	contact information wi	th the Intern A	rchitect	v 🗖	NT. $\square$
	Subcommittee so	that they mak	te contact i	me.			Yes	No 🗌
	B. EDUCATIO	N HISTOR	RY					
1.	Indicate Canadian	n Architectura	al Certifica	tion Board (CACB) ap	proval:			
	Certificate Numb	er:		Ye	ear Granted:			
2.								
	Post-Secondar	y Institution	Dat	es of Attendance	Degree/	Diploma R	eceived	
		•						

#### 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						
Junstiction						
D. PROFESSIONAL CONDUCT AND HISTORY (Use supplementary sheets if necessary.)						
1. Have you ever been denied a Professional Membership registration or Licence?	Yes □	No 🗆				
<ul><li>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)?</li><li>(b) Has your Registration or Licence ever been cancelled?</li></ul>	Yes □ Yes □	No □ 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 your 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 🗆				
<ul><li>5. (a) Have you ever been found guilty of professional misconduct or incompetence?</li><li>(b) Is your conduct or competence presently the subject of proceedings?</li><li>(c) Have you ever been treated for a condition which may currently compromise your ability</li></ul>	Yes □ Yes □	No □ No □				
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						

Application for Intern Architect Last Revised: June 2021

#### E. DECLARATION

I,	do solemnly declare:			
(Name in Full)	<del></del>			
<ul><li>(a) THAT I am the applicant herein.</li><li>(b) THAT the facts set out in the foregoing</li></ul>	g application are true and correct in every particular.			
AND I make this solemn declaration conscient same force and effect as if made under oath, by	iously believing it to be true and knowing that it is of the virtue of the Canada Evidence Act.			
	of Architects to publish in their directory and website any of ness Address, E-Mail Address, and Business Telephone			
Name of Applicant (Please Print)	Signature			
Transaction of the Country of Country	2-B			
	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 empl Employment Situation and that this entity sha accordance with the Internship in Architectur	all provide the required pro	ral Practice or Eligible Architectural e-registration architectural experience in
I confirm that I have reviewed the duties of a Manual and have agreed to perform these dut	Direct Supervisor as set o	out in the Internship in Architecture Program
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.



## **Application for Licensed Architect**

(Not Previously Licensed in Any Other Jurisdiction)

Please Note: The attached application is for individuals who have completed the work experience requirements of the Intern Architect Program and who hold a certificate number from the Canadian Architectural Certification Board.

The following is a list of information and/or items which must be submitted with your application:				
Completed Application for Licensed Architect (Not Previously Licensed)				
☐ Evidence of certification (Copy of CACB Certificate)				
Current Photo I.D. (Passport Size, "Head and Shoulders", taken within last six months)				
Copy of Birth Certificate or Passport (Or copy of certificate/visa, etc, demonstrating ability to legally work in Canada.)				
☐ Payment in the amount of \$339.25 (Application Fee + Tax)				
Payment in the amount of \$1173.00 (Dues + Tax)  *Dues are refundable if membership is not approved and quarterly prorated at time of approval of membership.  Acheque for reimbursement for the difference will be issued to the applicant upon approval of membership.*				
☐ Payment in the amount of \$92.00 (Licensed Architect Stamp Fee + Tax)				
$\Box$ If you are applying from outside of Nova Scotia, you must provide written confirmation of successful completion of examinations (See Section D)				
Please be advised that:				
A corporate permit is required for practice by any business. You must ensure your business has a curapplying for, corporate permit with the NSAA.  You will require proof of liability insurance (in the form of a certificate of insurance), and documentathis insurance covers all work in Nova Scotia (this may be in the form of a letter from the insurer), us regulation 10(2).  All dues and fees include 15% HST. Dues and fees can be paid by either cheque or credit card.	tion confirming that			
Please select payment method:				
□ Charge \$to Credit Card: ○ WSA ○ CVC:				
Credit Card # Exp. Date / Postal Co	de			
Cardholder Name				
Signature				

## A. IDENTIFICATION

1.	Name in Full:						_
		Surname		First Na			Middle Name(s)
	Please check one:	□ Male	☐ Female	☐ Prefer to Sel	f-Identify		
	Name as it should on the Certificate/						
2.	Residence Address	:					
			Street Address				Apt. No.
			City	Province//Territo	ory/State	Country	Postal/Zip Code
3.	Place of Business:		Firm Name				
			rimi Name				
			Street				Suite No
			City	Province//Territo	ory/State	Country	Postal/Zip Code
	Please check one:	□ Sole P	roprietorship	Partnership □ C	orporation	☐ Partnership o	f Corporations
	D :1 #1			- H1	_		
4.	Residence Tel:	( )_		Business Tel: (	)		
5.	E-mail:						
6.	Date of Birth:		Plac	e of Birth:			
_	Yea		h Day				
/.	Please list any lang	guages yo	u are fluent in, eith	er written and/orsp	oken:		
8.		o:					
	a. I am a Canadian <b>or</b>	Citizen (	Attach copy of Birt	h Certificate or Pass	sport)	□ Yes □ No	
	b. I am legally entit	led to wo	rk in Canada (Atta	ch copy of certificat	e/visa, etc.)	□ Yes □ No	
Q	Please check the co	ntact info	remation you would	d like to appear on t	-he NSAA w	rebeite and directo	Λ <i>ε</i> Ω*
٦.			•	11			•
	☐ Place of Busin	ess	☐ Business Addre	ess 🗆 Busine	ss Telephon	e □ E-Mai	I
B.	<b>EDUCATION</b>	HISTOF	RY				
1.	Indicate Canadia	n Archite	ctural Certification	Board (CACB) app	roval:		
				Yea			
2.							
	Post-Seconda	ary Instit	tution Dates	of Attendance	Degre	ee/Diploma Rec	ceived

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 a 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 suc If examination was written outside of Nova Scotia, you mu completion of examinations be sent directly from the application of Architects.	st request written confirmation of successful				
E.	CHARACTER / PROFESSIONAL CONDUCT					
	a. Have you ever plead guilty to, or been convicted of an offence, for which you have not be o. If you have answered "yes", provide dates and details of the Include the result of any appeals. Use a supplementary shee	e situation in the space below.				

- 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", 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
in	oon approval of this application, I confirm that I will apply for liability insurance the minimum amount of \$250,000 per claim with aggregate coverage of at least 00,000 and that this insurance covers all work in Nova Scotia.
If I	No, please specify your reason for exemption under Clause 10(2) of the Regulations:
ν Λ	1D 1 d 1 C 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d

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

#### 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 Nan	me	Signature		
Print Witness' Name		Company		
Finit withess Traine		Signature		



### APPENDIX A - REFERENCE REQUEST

To the Applicant: Plea	ase complete this secti	ion before submitting the form to your	referee. (Please Print)		
Full Name of Applicant	t: Surname	Given Names	Previous N	lame(s) (if	applicable)
Full Name of Referee:					
	Surname	Given Names	Previous N	lame(s) (if	applicable)
		se to the Nova Scotia Association of Ar agree that communication between the			
Signature of Applicant:		Date:			
outlined below will ensuand will not be released Registration Practices A	ure prompt consideral I to the applicant or to Act.	nas applied for licensure with the NSAA tion of the applicant's application. The is anyone outside the NSAA, unless requ	information you provide is o	confident	
1. Is the applicant relate	ed to you?	'es □ No			
2. If "Yes" in what man	ıner?				
3. In what capacity do y Please provide details		t?upervisor, Teacher, Minister, etc).			
4. How long have you k	known the applicant?				
5. If you worked with the	he applicant, indicate i	name of organization, duration, and app	olicant's duties:		
6. Has the applicant to	your knowledge ever:				
	of a complaint or disc	ciplinary action?		☐ Yes	□ No
• • • • • • • • • • • • • • • • • • • •	of criminal charges?			☐ Yes	□ No
	narcotics or other dru	igs: ay currently compromise the individual's	s ability to practice safely	☐ Yes	□ No
and ethically?	a condition which ma	ty currently compromise the marvidual s	s ability to practice safety	☐ Yes	□ No
7. Do you know of any demonstrated?	ethical problems rela	ting to the practice of architecture which	h the applicant has	□ Yes	□ No
•	• •	nsider the applicant to have adequate engage in the practice of architecture?		□ Yes	□ No
relationships with clien	ts, co-workers or othe		•	□ Yes	□ No
10. Have you any additi licensure in Nova Scoti		h respect to this applicant which may aff	fect their application for	☐ Yes	□ No
•	* *	r licensure without reservation?		☐ Yes	□ No
If you have answered "Yes"	" to questions 6-10, or no	o to 11, please provide a written response alor	ng with this form.		
Signature of Referee	Date	Contact Information	(phone number or email ad	ldress)	

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.



## APPENDIX A - REFERENCE REQUEST

	Surname	Given Names	Previous N	Name(s) (if a	applicable
Full Name of Referee:					
	Surname	Given Names	Previous N	Name(s) (if a	applicable
		e to the Nova Scotia Association of Architectagree that communication between the NSA			
Signature of Applicant:		Date:	-		
outlined below will ens	ure prompt considerati I to the applicant or to	as applied for licensure with the NSAA. Your ion of the applicant's application. The inform anyone outside the NSAA, unless required by	nation you provide is	confidenti	
1. Is the applicant relate	ed to you?	es 🗆 No			
2. If "Yes" in what man	nner?				
3.In what capacity do y Please provide details	ou know the applicants (ie Personal friend, Su	? pervisor, Teacher, Minister, etc).			
4. How long have you l	known the applicant? _				
5. If you worked with the	ne applicant, indicate n	name of organization, duration, and applicant	's duties:		
6. Has the applicant to	your knowledge ever:				
	of a complaint or disc	siplinary action?		☐ Yes	□ No
` '	of criminal charges?	Com		□ Yes	□ No
` '		y currently compromise the individual's abilit	ty to practice safely	☐ Yes	□ No
•	ethical problems relati	ing to the practice of architecture which the	applicant has	□ Yes	□ No
•		nsider the applicant to have adequate ngage in the practice of architecture?		□ Yes	□ No
relationships with clien	ts, co-workers or other			□ Yes	□ No
10. Have you any addit licensure in Nova Scoti		respect to this applicant which may affect th	ter application for	□ Yes	□ No
11001100110 111 1 10 10 0000				☐ Yes	□ No
11. Would you recomm	nend this applicant for	licensure without reservation?		☐ 1 CS	□ 110

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.



# Application for Licensed Architect (With Broadly Experienced Foreign Architect Certification)

Please Note: The attached application is for individuals who have completed the Broadly Experienced Foreign Architect Program and hold a certificate number from the Canadian Architectural Certification Board.

The following is a	checklist of information and/or documentation which must be submitted with your application:
	Completed Application for Licensed Architect (With BEFA Certification)
	Evidence of BEFA certification (Copy of BEFA Certificate)
	Evidence of CACB certification (Copy of CACB Certificate, if applicable)
	Current Photo I.D. (Passport Size, "Head and Shoulders", taken within the last six months)
	Copy of Work Visa / Documentation (or copy of Birth Certificate / Passport) demonstrating ability to legally work in Canada
	Payment in the amount of \$339.25(Application fee and Tax) (Please submit separate cheques)
	Payment in the amount of \$1173.00 (Dues and Tax) (Please submit separate cheques) *Dues are refundable if membership is not approved and quarterly prorated at time of approval of membership. A cheque for reimbursement for the difference will be issued to the applicant upon approval of membership*
	Payment in the amount of \$92.00 (Licensed Architect Stamp Fee and Tax) (Please submit separate cheques)
Please be advi	sed that:
<ul> <li>You windocumer</li> <li>in the f</li> </ul>	porate permit is required for practice by a partnership or a corporate entity. Il require proof of liability insurance (in the form of a certificate of insurance), and entation confirming that this insurance covers all work in Nova Scotia (this may be form of a letter form the insurer), unless exempt under regulation 10(2). Is and fees include 15%HST. Dues and fees can be paid by either cheque or card.
Please select	payment method:
□ Charge \$	to Credit Card: o vs. cVC:
Credit Card #	Exp.Date Postal Code
Cardholder Name	e:Signature:



A.	IDENTIFICATION					
1.	Name in Full <u>:</u>	Surname	First Name	Middle	Name(s)	
	Please check one:	Male	Female Prefer	to Self-Identify		
	Name as it should a on the Certificate/S	\ I.				
2.	Residence Address	::Street add	dress		Apt. No	
		City	Province/ Territory/State	Country Po	ostal/Zip Code	
3.	Place of Business:	Firm Nam	ne			
		Street			Suite No	
		City	Province/Territory/ State	Country	Postal/Zip Code	
Plea	ase check one:	Sole Proprietorship	Partnership Co	poration Partne	ership of Corporations	
4.	Residence Tel:( )		Bus	iness Tel: ( <u>)</u>		
5.	E-mail:					
6.	Date of Birth:	N 11		ce of Birth:		
7.		Year Month uages that you are fl	Day uent in, either written and	l/ or spoken:		
8.	A) I am a Canadian	Citizen (Provide a co	opy of Birth Certificate or	Passport)	YES NO	
	OR					
	B) I am legally entit	led to work in Canada	a (Attach a copy of Certif	cate / Visa, etc.)	YES NO	
9.	Please check the co	ontact information yo	u would like to appear on	the NSAA website and	d directory:	
	Place of I	Business	Business Address	Business Teleph	one E-Mail	
B.	EDUCATION HIST	ORY	_	_	<del></del>	
1.	approval:		rchitect Certification (BEF		itectural Certification Board	(CACB)
	BEFA Certificate No	umber:		Year Granted:		
2.	POST SECONDAR	Y INSTIUTION	DATE OF ATTE	NDANCE	DEGREE/DIPLOMA RI	ECEIVED



C. EMPLOYMENT / LICENSE HISTORY

	Use supplementa	ry sheets if need	led.							
1.	Please list your en	mployment histo	ry:							
	Name of Place of	Business	Dates of Employme	ent	City / Re	gion		С	ountry	
2.	•	· ·	ense/Registration His	•						
	A) Ju Jurisdictio		ch your <b>FIRST</b> Licens  Membership Type	se/Registrati	Lic. /Reg. N		- 1	Date I	icense Issued	
	Udilodiotio		Wellberollip Type		Lio. 71 tog. 14	umber		Julo L	license issued	_
	B) Lis	st all jurisdictions	s in which you <b>CURR</b>	ENTLY hold	d a License/Re	gistrat	ion:			
	Jurisdiction	ı	Membership Type	Э	Lic. /Reg. I	Numbe	er I	Da	ate License Issued	
			s in which you <b>PREV</b> hose jurisdictions:	IOUSLY hel	d a License/Re	egistra	tion and prov	ide the	e reason you no longer	
	Jurisdiction	Membership Type	Lic. /Reg Number	Date Lic/ RE	G Issued	Date R	esigned/Cancelle	d	Reason Resigned / Cancelled	
D.	CHARACTER	/ PROFESS	IONAL CONDU	СТ						
1.	A) Have you ever	been declined a	license?			Yes		No		
	B) (i) Has your lic	ense ever been	suspended or revoke	ed?		Yes		No		
	(ii) Has your lid	cense ever been	cancelled?			Yes		No		
	C) Have you resignallowed your Lice	gned your memb nse/registration	ership in any organiz to lapse for an y reas	zation of arc son not listed	hitects d above?	Yes		No		
	D)Have you ever sustainability to p		of an offense which r ure?	may be relev	ant to your	Yes		No		
	(i)Have you ever	been found guilty	y of professional mise	conduct or i	ncompetence?	Yes		No		
	AND/O	R								
	(ii) Is your conduc	ct or competence	presently in the pro-	ceedings?		Yes		No		
	F) Was your cond or cancellation?	luct or competen	nce under review at t	he time of yo	our registration	Yes		No		
	G) Have you been any Terms, Cond		se in any jurisdiction ons?	which is sub	bject to	Yes		No		

IF YOU HAVE ANSWERD "YES" TO ANY QUESTIONS FROM A) THROUGH G), USE A SUPPLIEMTARY SHEET TO PROVIDE THE DATES AND DETAILS



#### D. CHARACTER / PRFESSIONAL CONDUCT (CONT)

Complete the applicant portion of the two copies of the "Appendix A - Reference Request" forms and forward to two individuals\* who can attest to you being of such good character as to safety and ethically engage in the practice of architecture.

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

#### **E. NATURE OF PRACTICE**

List place of business in appropriate space(s). I verify that, the nature of my intended practice is as:	
r verify that, the hattire of my interiord 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 corporate entity: v. * other:	
2. If you have checked box "ii", "iii", or "iv", please note that a Corporate Permit is required for yo architecture on behalf of this place of business. Ensure that your firm has a current Corporate 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 minimu of \$250,000 per claim with aggregate coverage of at least \$500,000 and that this insurance cowork in Nova Scotia.	
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/ .

Application for Licensed Architect (with BEFA Certification)



#### G. DECLARATION

I am the person making application for a license 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 that Nova Scotia Association of Architects to make such inquires about me as it considers appropriate 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 license 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 license 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 o what I have omitted. I understand that if I have made a false or misleading representation mu license 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 any 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		<u> </u>
Print Witness' Name		Signature		



## Appendix A – Reference Request

nam	e of applicant: _	Surname	Given Names	D	revious Name(s) If a	anlicable	
nam	e of Referee: _				.,,		
		Surname	Given Names	Р	revious Name(s) If ap	oplicable	
			ose to the Nova Scotia Association Communication between the NSA				licensure which would
nature	e of Applicant: _				)ate:		
ensu	re prompt cons	ideration of the appli	ove has applied for licensure wit cant's application. The informat lless required by the provisions o	ion you provide i	s confidential an	d will n	
1.	Is the Applica	nt related to you?	☐ Yes ☐ No				
2.	If "YES" in wh	at manner?					
3.	In what capac Please provid	ity do you know the e details (i.e. Persor	applicant? al friend, Supervisor, Teacher, N				
4.	How long hav	e you known the app	olicant?				
5. If you worked with the applicant, indicate the name of organization, duration, and applicant's duties:							
6.	Has the applic	cant to your knowled Been the subject o	ge ever: f a complaint or disciplinary action	on?	☐ Yes	No	
	b)	Been the subject o	f criminal charges?		☐ Yes	No	
	c)	Abused alcohol, na	arcotics, or other drugs?		☐ Yes	No	
	d)		condition which may currently co lity to practice safely and ethical		☐ Yes	No	
7.		of any ethical proble licant has demonstra	ms relating to the practice of arc ated?	hitecture	☐ Yes	No	
8.		wledge, skills, and ju	d not consider the applicant to had adgement required to engage in		☐ Yes	No	
9.		e of any aspect of the ficulties in relationsh	e applicant's interpersonal skills/ ips?	attitude that	☐ Yes	No	
10.		additional information	on with respect to this applicant of a normal section in Nova Scotia?	which may	☐ Yes	No	
11.	Would you red	commend this applic	ant for licensure with out reserva	ation?	☐ Yes	No	
If y	ou answered "	YES" to questions	6-10, or "NO" to 11, please pro	ovide a written i	response along	with t	his form.

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.



## **Application for Licensed Architect**

(Architects Currently Licensed in Canada)

Please Note: The attached application is for individuals who are currently registered as an Architect with a Canadian Architectural Licensing Authority and intend to practise architecture in Nova Scotia.

The following is a checklist of information and/or documentation which	ch must be submitted with your application:
Completed Application for Licensed Architect	
Confirmation of registration/licence from all jurisdiction	n in which applicant is currently licensed
Confirmation from your home jurisdiction that you ar requirements, and were compliant with those requirements your jurisdiction's last Continuing Education Cycle.	, .
Certificate of Insurance (Demonstrating current Profess	ional Liability Insurance)
Payment in the amount of \$339.25 (Application Fee + 7	Tax)
Payment in the amount of \$1173.00 (Dues + Tax)	
*Dues are refundable if membership is not approved and q A cheque for reimbursement for the difference will be issue	
Payment in the amount of \$92.00 (Licensed Architect Se	camp Fee + Tax)
Please be advised that:	
<ul> <li>A corporate permit is required for practice by any busine or is currently applying for, corporate permit with the NSA.</li> <li>You will require proof of liability insurance (in the form confirming that this insurance covers all work in Nova Scoinsurer), unless exempt under regulation 10(2).</li> <li>All dues and fees include 15% HST. Dues and fees must</li> </ul>	A. of a certificate of insurance), and documentation tia (this may be in the form of a letter from the
Please select payment method:	
□ Charge \$ to Credit Card: ○ WSA ○	CVC:
Credit Card #	Exp. Date /
Cardholder Name	Postal Code
Signature	

### **IDENTIFICATION** Name in Full: Surname First Name Middle Name(s) ☐ Prefer to self-identify \_\_\_\_\_ Please check one: □ Male □ Female Name as it should appear on the Certificate/Seal: 2. Residence Address: Street Apt. No. Province/Territory/State City Postal Code Country 3. Place of Business: Firm Name Street Suite No. City Province/Territory/State Postal Code Country Please check one: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Partnership of Corporations Resident Tel: ( Business Tel: ( E-Mail: Date of Birth: \_\_\_ Year Month Day 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. LICENCE HISTORY** (Use supplementary sheets if necessary.) 1. Jurisdiction in which first Licence issued: **Jurisdiction** Licence Number Date Licence issued

2. List all jurisdictions in which you **currently** hold a Licence:

Jurisdiction	Licence Number	Date Licence issued

3. List all jurisdictions in which you **previously** held a Licence and provide the reason you no longer hold a Licence in those jurisdictions:

Jurisdiction	Licence Number	Date Issued	Date Resigned/Cancelled	Reason Resigned/Cancelled

B. LICENCE HISTORY (Continued)			
4. Have you ever been denied a Licence?	Yes □	No □	
5. (a) Has your Licence ever been suspended or revoked?	Yes □	No □	
(b) Has your Licence ever been canceled?	Yes □	No □	
6. Have you resigned your membership in any organization of architects or allowed your Licence to lapse for any reason?	Yes □	No □	
7. Have you ever been convicted of an offence which may be relevant to your suitability to practise architecture?	Yes □	No □	
8. (a) Have you ever been found guilty of professional misconduct or incompetence?  and/or	Yes □	No □	
(b) Is your conduct or competence presently the subject of proceedings?	Yes □	No □	
9. Was your conduct or competence under review at the time of your resignation or cancellation?	Yes □	No □	
10. Have you been issues a Licence in any jurisdiction which is subject to any Terms, Conditions, or Limitations?	Yes □	No □	
11. Has your conduct or competence ever been under review by any professional regulatory body?	Yes □	No □	
If you have answered "yes" to any of questions 4. to 11., use a supplementary sheet to provide	dates and	l details.	
C. DECLARATION			
I DO SOLEMNLY DECLARE:			
THAT I am applying for a Licence under the Architects Act of the Province of Nova Scotia;			
THAT I agree to comply with the Architects Act, its pursuant Regulations and the By-Laws of the Nove Architects, all as amended;	a Scotia Ass	sociation of	
THAT the facts set out in this Application for Licence are true and correct in every particular;			
THAT I understand that I must maintain Professional Liability Insurance, as per section 10 of the R to the Nova Scotia Architects Act, up to and including the warranty period following completion of exempt under Section 10(2) of the Regulations. I understand that this Professional Liability Insurations work on projects in Nova Scotia during this time;	f all projec	ts, unless	
AND I MAKE THIS solemn declaration conscientiously believing it to be true and knowing that it and effect as if made under oath;	is of the sa	me force	
IN ADDITION, I hereby consent and authorize my home jurisdiction to release and disclose to the jurisdiction to which I am making this Application for Licence, all information and documents that in any way relate to any past, current or pending investigations or proceedings involving my conduct or competence.			

Date

Signature



## **Application for Licensed Architect**

(Architects currently licensed in U.S.A. applying through reciprocity)

Please Note: The attached application is for individuals who are currently licensed or registered as an architect in the U.S.A. and no other Canadian jurisdiction and intend to practise architecture in Nova Scotia.

ne U.S.A. and	no other Canadian jurisdiction and intend to pr	acuse arcintecture in Nova Scotia.	
The following is a co	hecklist of information and/or documentation which must be	submitted with your application:	
	Completed Application for Licensed Archit	ect	
	NCARB Certificate Record in Support of A sent directly from NCARB.	pplication For State Registration (Bl	ue Cover File)
	Confirmation of registration/licence from a (Only applicants whose home jurisdiction) existing Inter-Recognition Agreement between with your home jurisdiction if the	possess reciprocity with Nova Sco ween the U.S. and Canada may a	otia through the pply. You must
	Confirmation from your home jurisdiction Education requirements, and were compliant w your jurisdiction's last Continuing Education C	rith those requirements at the end of	n your Continuing
	Certificate of Insurance (Demonstrating cu	rent Professional Liability Insurance	)
	Payment in the amount of \$339.25 (Applica	tion Fee + Tax) (Please submit separate	cheques)
	Payment in the amount of \$1173.00(Dues - *Dues are refundable if membership is no approval of membership. A cheque for reto the applicant upon approval of membership.	ot approved and quarterly prorations the difference of the differe	
	Payment in the amount of \$92.00 (Please sub (Licensed Architect Stamp Fee + Tax)	mit separate cheques)	
	Please be advised that:		
	<ul> <li>A corporate permit is required for practice of You will require proof of liability insurance documentation confirming that this insuration in the form of a letter from the insurer), unlocally All dues and fees include 15% HST. Dues a card.</li> </ul>	(in the form of a certificate of insunce covers all work in Nova Scotia (ess exempt under regulation 10(2).	rance), and (this maybe
	Please select payment method:		
	□ Cheque enclosed for \$payable □ Charge \$to Credit Card: ○		cts
	Credit Card #	Exp. Date	/
	Cardholder Name	Postal Code	
	Signature		



## A. IDENTIFICATION

1.	Name in Full:			First Name		Middle Name(s)
	Surname				: <i>c</i> _	``
	Please check one		☐ Female	_	•	
	Name as it should	id appear on the Certi	ficate/Seai:			
2.	Residence Addre					
		Street				Apt. No.
		City	Province/	Territory/State	Postal Code	Country
3.	Place of Business	s:				
		Firm Name				
		Street				Suite No.
						36266 2 101
		City	Province/T	erritory/State	Postal Code	Country
	Please check one	e:   Sole Proprietors	hip □ Partners	hip   Corporation	☐ Partnership of	Corporations
4.	Resident Tel: (	)		Business Tel: (	)	
5.	E-Mail:					
6.	Date of Birth:	Year Month				
7.			•	appear on the NSAA w	vebsite and director	orv:
				ress 🔲 Business Tele		•
В.	LICENCE HI	STORY (Use suppleme	entary sheets if necess	cary.)		
		hich <b>first</b> Licence issu				
	Juliouzeuoii iii w	Jurisdiction		Licence Number	Date Licer	nce issued
2.	List all iurisdiction	ons in which you <b>cur</b>	rently hold a Lice	ence:		
	,	Jurisdiction	•	Licence Number	Date Licer	nce issued
		Juliouretion		Zaccirce i variisci	Date Lices	ice issued
3.	List all jurisdictions in which you <b>previously</b> held a Licence and provide the reason you no longer hold a Licence in those jurisdictions:					
	Jurisdiction	Licence Number	Date Issued	Date Resigned/Cancel	led Reason Resig	gned/Cancelled



	· · · · · · · · · · · · · · · · · · ·		
В.	LICENCE HISTORY (Continued)		
4	Have you ever been denied a Licence?	Yes □	No □
5	(a) Has your Licence ever been suspended or revoked?	Yes □	No □
	(b) Has your Licence ever been canceled?	Yes □	No □
6.	Have you resigned your membership in any organization of architects or allowed your Licence to lapse for any reason?	Yes □	No □
7.	Have you ever been convicted of an offence which may be relevant to your suitability to practise architecture?	Yes □	No □
8.	(a) Have you ever been found guilty of professional misconduct or incompetence? and/or	Yes □	No □
	(b) Is your conduct or competence presently the subject of proceedings?	Yes □	No □
9.	Was your conduct or competence under review at the time of your resignation or cancellation?	Yes □	No □
1	O. Have you been issues a Licence in any jurisdiction which is subject to any Terms, Conditions, or Limitations?	Yes □	No □
1	1. Has your conduct or competence ever been under review by any professional regulatory body?	Yes □	No 🗆
[f	you have answered "yes" to any of questions 4. to 11., use a supplementary sheet to provid	de dates a	nd details.
c.	DECLARATION		
Ι	OO SOLEMNLY DECLARE:		
ГΕ	IAT I am applying for a Licence under the Architects Act of the Province of Nova Scotia;		
	IAT I agree to comply with the <i>Architects Act</i> , its pursuant <i>Regulations</i> and the <i>By-Laws of the Nove</i> whitects, all as amended;	a Scotia As	sociation of
ГΕ	IAT the facts set out in this Application for Licence are true and correct in every particular;		
O EXC	IAT I understand that I must maintain Professional Liability Insurance, as per section 10 of the R the Nova Scotia Architects Act, up to and including the warranty period following completion of the Regulations. I understand that this Professional Liability Insurark on projects in Nova Scotia during this time:	f all projec	ets, unless

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;

IN ADDITION, I hereby consent and authorize my home jurisdiction to release and disclose to the jurisdiction to which I am making this Application for Licence, all information and documents that in any way relate to any past, current or pending investigations or proceedings involving my conduct or competence.

Signature	Date



## Application for Reclassification of Membership

1.	Contact Information:					
	Name: Address:					
	Phone:					
	Email:					
2.	Declaration:					
	I,hereby apply for reclassification of my membership from:					
	Licensed Architect to Retired Architect In the event you have retired from the practice of architecture altogether. (Must adhere to Section 7 of the Regulations) Fee for Reclassification: \$74.75 (15% HST Included)  Licensed Architect to Associate Member In the event you no longer practice architecture in the Province of Nova Scotia but wish to keep the possibility of practicing in the province at a later date. (Must adhere to Section 8 of the Regulations) Fee for Reclassification: \$552.00 (15% HST Included)  Associate Member to Licensed Architect In the event you wish to be able to practice architecture in the Province of Nova Scotia again. Fee for Reclassification: \$1127.00 (15% HST Included)					
3.	Payment:  Please select payment method:					
	Cheque enclosed for \$payable to Nova Scotia Association of Architects					
	Charge \$to Credit Card: 0					
	Credit Card # Exp. Date /					
	Cardholder Name CVC					
	Signature					
	Please note: In addition to meeting the requirements of Sections 14, 15, and 17 of the Act, to be entitled to membership as an Associate Member or a Retired Architect an individual must return their licensed architect's seal and licence certificate to the board. Associate Members and Retired Architects may attend, but may not vote at, meetings of the Association and may no longer practice architecture by virtue of such membership.					
	Name of Applicant (Please Print)  Signature					
	Date					

For more information, please contact the NSAA at: 205-1310 Hollis Street, Halifax, NS, B3J 3P3
902 423 7607 | info@nsaa.ns.ca | www.nsaa.ns.ca