

NOVA
SCOTIA

ASSOCIATION OF
ARCHITECTS

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

Bylaw 13.1

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 *(Please Print)*

1. NAME IN FULL: _____
(Surname) *(FirstName)* *(Middle Initials)*

2. MAILING ADDRESS: _____
(Street) *(Apt #)*

(City) *(Province)* *(Postal Code)*

3. RES. TELEPHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

4. DATE OF BIRTH: _____
(Day/ Month/ Year)

5. Do you possess the proficiency to speak/write effectively in the English language? Yes No

Please list any other languages you are fluent in, either written and/or spoken: _____

6. a) I am a Canadian Citizen or Yes No

b) I hold the status of a permanent resident of Canada or Yes No

c) I hold a work visa or student visa Yes No

B. EDUCATION HISTORY

Educational Institution	Dates of Attendance	Degree/Diploma Received	Year Received
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C. RECOGNIZED STUDENT STATUS:

I am applying as a RECOGNIZED STUDENT who is currently enrolled in an accredited program and has completed 60 credit hours. I hereby certify that I attend: _____ and I am enrolled in the following Program: _____

D. DECLARATION

The following declaration is used to confirm that you (the applicant) are the individual filling out the application and that all information provided is true to the best of your knowledge. Similar declarations are used on most other applications from this point forward with all licensing authorities. Becoming familiar with this format and wording will help you prepare for future applications.

I, _____ do solemnly
declare: (Name in Full)

THAT I am making the application as a Student Member of the Nova Scotia Association of Architects and agree that if approved, I will abide by the Act, Regulations, Bylaws, and Canons of Ethics

THAT I understand that there is no fee for Student Membership/Recognized Student Membership and that I must renew my membership annually

THAT I grant permission to share my contact information with the ALBNL, AANB, and AAPEI so I can receive student-specific regional news, information educational

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 herein.

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 my name and contact information where appropriate.

Name of Applicant (Please Print)

Signature

Date

For more information, please contact the NSAA at: info@nsaa.ns.ca / (902) 423-7607 / www.nsaa.ns.ca

UNIVERSITY DECLARATION
RECOGNIZED STUDENT

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 _____, am duly authorized to provide the following
(UNIVERSITY REPRESENTATIVE – PLEASE PRINT)

confirmation on behalf of the Department/Faculty of _____ at _____
(NAME OF UNIVERSITY)

I hereby confirm that _____ is:
(STUDENT NAME – PLEASE PRINT)

- 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:   CVC: ____

Credit Card # _____ Exp. Date _____ / _____

Cardholder Name _____

Signature _____

A. IDENTIFICATION

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

Please check one: Male Female Prefer to self-identify _____

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. Date of Birth: _____
Year Month Day

7. Please list all languages in which you are fluent, 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 work visa/documentation, etc.) Yes No
9. 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.

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.

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.

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 advised that:

- A Corporate permit is required for practice by a partnership or a corporate entity.
- You will require proof of liability insurance (in the form of a certificate of insurance), and documentation confirming that this insurance covers all work in Nova Scotia (this may be in the form of a letter from the insurer), unless exempt under regulation 10(2).
- All dues and fees include 15%HST. Dues and fees can be paid by either cheque or credit card.

Please select payment method:

Charge \$ _____ to Credit Card:   CVC: _____
Credit Card # _____ Exp.Date _____ Postal Code _____

Cardholder Name: _____ Signature: _____

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 that you are fluent in, either written and/ or spoken: _____

8. A) I am a Canadian Citizen (Provide a copy of Birth Certificate or Passport) YES NO

OR

B) I am legally entitled to work in Canada (Attach a 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 INSTIUTION DATE OF ATTENDANCE DEGREE/DIPLOMA RECEIVED

POST SECONDARY INSTIUTION	DATE OF ATTENDANCE	DEGREE/DIPLOMA RECEIVED

C. EMPLOYMENT / LICENSE 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 License/Registration History Information

A) Jurisdiction in which your **FIRST** License/Registration was issued:

Jurisdiction	Membership Type	Lic. /Reg. Number	Date License Issued

B) List all jurisdictions in which you **CURRENTLY** hold a License/Registration:

Jurisdiction	Membership Type	Lic. /Reg. Number	Date License Issued

C) List all jurisdictions in which you **PREVIOUSLY** held a License/Registration and provide the reason you no longer hold a License in those jurisdictions:

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

D. CHARACTER / PROFESSIONAL CONDUCT

- 1. A) Have you ever been declined a license? Yes No
- B) (i) Has your license ever been suspended or revoked? Yes No
- (ii) Has your license ever been cancelled? Yes No
- C) Have you resigned your membership in any organization of architects allowed your License/registration to lapse for an y reason not listed above? Yes No
- D)Have you ever been convicted of an offense which may be relevant to your sustainability to practice architecture? Yes No
- (i)Have you ever been found guilty of professional misconduct or incompetence? Yes No
- AND/OR
- (ii) Is your conduct or competence presently in the proceedings? Yes No
- F) Was your conduct or competence under review at the time of your registration Yes No
or cancellation?
- G) Have you been issued a License in any jurisdiction which is subject to any Terms, Conditions or Limitations? 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 / PROFESSIONAL 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 of architecture and on 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

- 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 corporate entity: _____
- v. other: _____

- If you have checked box "ii", "iii", or "iv", please note that a Corporate Permit is required for you to practice architecture on behalf of this place of 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:

*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 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 or what I have omitted. I understand that if I have made a false or misleading representation my 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

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 anyone outside of 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 (i.e. Personal friend, Supervisor, Teacher, Minister, etc.)
4. How long have you known the applicant? _____
5. If you worked with the applicant, indicate the 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? Yes No
 - b) Been the subject of criminal charges? Yes No
 - c) Abused alcohol, narcotics, or other drugs? Yes No
 - d) Been treated for a condition which may currently compromise the individual’s ability to practice safely and ethically? Yes 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 that you would not consider the applicant to have adequate knowledge, skills, and judgement 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 with out reservation? Yes No

If you 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.

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 Apt. No.

City Province/Territory/State 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

4. Resident Tel: () _____ Business Tel: () _____

5. E-Mail: _____

6. Date of Birth: _____
Year Month Day

7. 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? Yes No
- and/or**
- (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 issued 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 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 Nova Scotia Association of Architects*, all as amended;

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 Regulations pursuant to the Nova Scotia Architects Act, up to and including the warranty period following completion of all projects, unless exempt under Section 10(2) of the Regulations. I understand that this Professional Liability Insurance must cover all work on projects in Nova Scotia during this time;

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

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 Apt. No.

City Province/Territory/State 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

4. Resident Tel: () _____ Business Tel: () _____

5. E-Mail: _____

6. Date of Birth: _____
Year Month Day

7. 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? Yes No
and/or
 (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 issued 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 details.

C. DECLARATION

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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:  

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