

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)
- Payment in the amount of \$1230.50 (Dues and Tax)
- Payment in the amount of \$92.00 (Licensed Architect Stamp Fee and Tax)

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.

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 credit card or cheque.

Please select payment method:

Credit Card <input type="radio"/> <input type="radio"/>	Amount Enclosed: \$ _____
Credit Card #: _____	
Cardholder Name: _____	
Expiry: _____ CVC: _____ Postal Code: _____	

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 Postal/Zip Code Country

3. Place of Business: _____
Firm Name

Street Address Suite No

City Province/Territory/State Postal/Zip Code Country

Please check one: Sole Proprietor Partnership Corporation Partnership of Corporations

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

5. E-mail: _____

6. Date of Birth: _____ Place of Birth: _____
Month Day Year

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 INSTITUTION DATE OF ATTENDANCE DEGREE/DIPLOMA RECEIVED

POST SECONDARY INSTITUTION	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	Member Type	Lic./Reg. Number	Date 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 any 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
- E) Was your conduct or competence under review at the time of your registration or cancellation? Yes No
- F) 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 F), USE A SUPPLIMENTARY SHEET TO PROVIDE THE DATES AND DETAILS

D. CHARACTER / PROFESSIONAL CONDUCT (CONT)

2. 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 safely and ethically engage in the practice of architecture.

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

E. NATURE OF PRACTICE

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

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: _____
2. 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/>.

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 inquiries 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 _____, _____, _____.

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 Cynthia Thomson at cthomson@nsaa.ns.ca with the understanding that the original will be mailed.