

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 who intend to practise architecture in Nova Scotia.

The following is a checklist of information and/or documentation which must be submitted with your application:

- Completed Application for Licensed Architect
- NCARB Certificate Record in Support of Application For State Registration (Blue Cover File) sent directly from NCARB.
- Confirmation of registration/licence from all jurisdiction in which applicant is currently licensed *(Only applicants whose home jurisdiction possesses reciprocity with Nova Scotia through the existing Inter-Recognition Agreement between the U.S. and Canada may apply. You must confirm with your home jurisdiction if they are a signatory on the current agreement.)*
- Confirmation from your home jurisdiction that you are currently up to date with your Continuing Education requirements, and were compliant with those requirements at the end of your jurisdiction’s last Continuing Education Cycle.
- Certificate of Insurance (Demonstrating current Professional Liability Insurance)
- Payment in the amount of \$339.25 (Application Fee + Tax)
- Payment in the amount of \$1230.50 (Dues + Tax)
- Payment in the amount of \$92.00 (Licensed Architect Stamp Fee + Tax)

Please select payment method:

Charge \$ _____ to Credit Card:   CVC: _____

Credit Card # _____ **Exp. Date** _____ / _____

Cardholder Name _____ **Postal Code** _____

Signature _____

Please note:

- 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.
- A corporate permit is required for practice by any business. You must ensure your business has a current, or is currently applying for, corporate permit with the NSAA.
- 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 must be paid credit card.

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 (Firm name must be identical to corporate permit business name)

Street Suite No.

City Province/Territory/State Postal Code Country

Please check one: Sole Proprietorship Partnership Corporation Partnership of Corporations

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

5. E-Mail: _____ 6. Date of Birth: _____
Month Day Year

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. LICENSE HISTORY (Use supplementary sheets if necessary.)

1. Jurisdiction in which **first** License issued:

<i>Jurisdiction</i>	<i>Licence Number</i>	<i>Date Licence issued</i>

2. List all jurisdictions in which you **currently** hold a License:
(If currently licensed in B.1. above, include in B.2. below. Include a separate sheet if needed.)

<i>Jurisdiction</i>	<i>Licence Number</i>	<i>Date Licence issued</i>

3. List all jurisdictions in which you **previously** held a License and provide the reason you no longer hold a License in those jurisdictions: *(Include a separate sheet if needed.)*

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