



ARCHITECTS LICENSING BOARD OF NEWFOUNDLAND AND LABRADOR

P.O. BOX 5204
ST. JOHN'S, NL, CANADA A1C 5V5

TEL (709) 726-8550 / FAX (709) 726-1549
albnl@albnl.com / www.albnl.com

Member Request for Equivalency of a Continuing Education Activity

(Review of eligibility for CORE/STRUCTURED Learning Hours)

Applicant information (please print clearly in block letters)	
Last name	First Name
Telephone:	Fax:
Email:	
Program information (please print clearly in block letters)	
Program / Course Title	
Provider / Presenter	
Duration	Ⓢ number of hours
	Ⓢ number of days
I am planning to attend the course Ⓢ	I completed the course Ⓢ
Course date	Date of completion

If you completed the course, please attach the following
1) Course Registration Confirmation 2) Certificate of Completion
3) Learning Objectives 4) Course Outline
Please identify under which CORE/STRUCTURED Topic the program / course falls under:
<ul style="list-style-type: none"> • Architectural Design • National Building Code • Heritage Buildings/Restoration • Practice Management • Project Management • Risk Management • Sustainable Design/Green Architecture • Architectural Culture • Legal Issues affecting Architectural Practice and Construction Industry • Energy and Environment
If you have any questions, please contact the ALBNL via email: albnl@albnl.com
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