



APPLICATION TO PRACTICE ARCHITECTURE IN NEWFOUNDLAND AND LABRADOR

(Including applicants from currently licensed in other jurisdictions recognized by the Board)

APPLICANT

Name in Full ( Please Print):
Home Mailing Address:
Home Telephone Number:
Home E-Mail Address:
Place of Work:
Work Mailing Address:
Work Telephone Number:
Work E-Mail Address:
Preferred Mailing Address [ ] Home [ ] Place of Work
Privacy Note: Mailing Address to be published on the Website [ ] Yes [ ] No
Gender [ ] Male [ ] Female Language [ ] English [ ] Other, Specify
Date of Birth (M/D/Y): Other:

LICENSE HISTORY (If not applicable, indicate with n/a)

1. Jurisdiction of First Licence to Practice:
License # Date License Issued:
2. In which jurisdiction have you practiced architecture the most over the last 24 months?

Please include a copy of the Confirmation of License/Registration Form from your Association.

3. List all other jurisdictions in which you currently hold or have previously held a license to practice. (Use supplementary sheets if necessary)

Table with 3 columns: Jurisdiction, License Number, Year(s) License Held

4. Have you ever been denied a license? [ ] Yes [ ] No
5. Has your license ever been suspended or revoked? [ ] Yes [ ] No
6. Have you ever surrendered or allowed your license to lapse in any jurisdiction due to any action threatened or pending? [ ] Yes [ ] No
7. Have you ever been convicted of an offense? [ ] Yes [ ] No
8. Is there any record of any disciplinary action on file with a licensing authority? [ ] Yes [ ] No

If you answered "yes" to any of the above questions, provide dates and details of the situation in the space below. Include the result of any appeals. Use a supplementary sheet if necessary.

**EDUCATIONAL HISTORY**

School	Degree (or equivalent)	Date Acquired
CCAB #, if applicable	NCARB #, if applicable	

**INSURANCE INFORMATION (ATTACH COPY OF INSURANCE CERTIFICATE)**

If you are granted a license, will it be your first ever license to practice in any jurisdiction?  Yes (a copy of your insurance certificate need not be submitted until such time as the Board has given its approval-in-principle to grant you a license.)  No (A copy of your insurance certificate must accompany the application in order for it to be considered by the Board.)

As a condition of license you must maintain professional liability insurance at all times. If, at any time, you are not covered by insurance you must cease practicing immediately until such time as your insurance is reinstated, and to notify the Board immediately.

Name of Insurance Company:

Policy Number:

Policy Expiry Date:

- Does the Policy specifically identify you by name as a named insured?  Yes  No
- Does the policy have coverage of not less than \$250,000 per claim and not less than \$500,000 in the aggregate?  Yes  No
- Does the Policy specifically indicate that the insurance company shall notify the ALBNL if and when the policy lapses, is cancelled, or is not renewed?  Yes  No
- Is the Insurance Company Licensed with the Government of Newfoundland and Labrador?  Yes  No

**DIRECT SUPERVISION OF PARTNERSHIPS, FIRMS, AND CORPORATIONS**

- Article 13 of the Architects Act 2008 permits any firm to provide architectural services provided such services are offered and provided under the direct supervision of an architect.
- The Code of Ethics requires an architect providing the required direct supervision to a firm or any partnership or joint venture to which the firm is a member of, (a) to be either an employee or a contract employee of the firm, (b) notify the Board in advance of when such direction supervision will commence, (c) notify the Board immediately when such direct supervision ceases; and (d) limit such direct supervision to one firm and any partnership or joint venture to which the firm is a member of.

Are you an employee or contract employee of a firm where you have agreed to provide the required direct supervision referenced in Article 13 of the Act?  Yes  No

(a) If Yes, identify the full legal name and address of the firm:

(b) If Yes, does the insurance policy referenced above specifically identify the firm by name as a named insured? (Alternatively you may submit a copy of a separate policy naming the firm.)  Yes  No

Will you be providing the required direct supervision to any partnership or joint venture that the firm referenced above is a member of?  Yes  No

(a) If yes, identify the partnership and joint venture full legal names:

(b) If Yes, does the insurance policy referenced above specifically identify the partnerships and joint ventures by name as named in insureds? (Alternatively you may submit a copy of a separate policy naming the partnerships and joint ventures.)  Yes  No

**INTERNSHIP IN ARCHITECTURE PROGRAM (IAP) (First time Applicants only)**

1. Have you completed your Canadian Experience Record Book (CERB) documenting not less than 3720 hours of experience, consisting of not less than 2800 hours in Category A: Design and Construction documents, 560 hours in Category B: Construction Administration, 280 hours in Category C: Management. The remaining Additional Hours may be gained in any experience areas noted in Categories A, B and C.(Attach completed CERB)  Yes  No
2. Which examination process have you completed?  Examination or Architects in Canada (ExAC)  
(attach official record of examination results)  Architect Registration Exam (ARE)

**UNDERTAKINGS**

1. If I am granted a license to practice architecture in the Province of Newfoundland and Labrador, I shall conduct myself in accordance with the requirements of the Architects Act 2008, and the associated Regulations, By-laws, and Code of Ethics, and the requirements of the Newfoundland and Labrador Association of Architects to the extent their requirements are not at variance with the Act.
2. If I am granted a license, I understand any professional stamp given to me remains the property of the Board and I will see that it gets returned immediately to the Board upon request.
3. Before I practice architecture, I will familiarize myself with the requirements of the Newfoundland and Labrador Fire and Life Safety Guidance Document and the provincial Building Accessibility Act.
4. Until such time as I am granted a license, I shall not provide architectural services for projects intended to be located in the Province of Newfoundland and Labrador.

**PAYMENT METHOD**

**Cheque (no credit cards accepted)**

**Application Fee:** \$ 650.00

*The application fee will be waived for first time Intern in Architecture (IAP) Applicants*

**ALBNL License Fee:** \$ 485.00

**NLAA Membership Fee:** \$ 485.00

**Sub-Total** \$ 1,620.00

**15% Harmonized Sales Tax** \$ 243.00

**Total Payable in Canadian Funds:** \$ 1,863.00

**CONTINUING EDUCATION**

- Your license and license renewal is also subject to proof of continuing education. The ALBNL requirements for Con Ed can be found at <http://www.albnl.com/documents/the-board/policies-and-guidelines-adopted-by-the-board/continuing-education-requirements/>.

- ***Are you licensed in multiple jurisdictions in Canada?***

In order to ensure Architects who are licensed in multiple jurisdictions in Canada do not record their Continuing Education (CE) activities on multiple transcripts (unless they prefer to do so), the ALBNL has developed a **Primary Continuing Education Reporting Jurisdiction Declaration Form** to allow ALBNL members outside of Newfoundland and Labrador the opportunity to record their CE activities on a transcript in a Province/Territory of their choice other than Newfoundland and Labrador or their home jurisdiction. Upon receipt of the completed Declaration Form, the ALBNL will communicate directly with the selected jurisdiction to ensure CE compliance. Please complete the Primary Continuing Education Reporting Jurisdiction Declaration Form and return it with the completed license application.

**PROFESSIONAL SEAL**

Indicate below your preference for how your first name followed by your surname should appear on the professional seal, should you be granted a license.

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**Name (Print neatly or type):**

**APPLICANT'S SIGNATURE**

Signature

Date

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Witness

Date

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**ALBNL USE**

Date Application was initially received by the ALBNL:

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Confirmation of Application Materials Received

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1. Completed Application Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Insurance Certificate (Applicants for first license need not submit until approval-in-principle to grant a license has been given by the Board)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Letter from Insurance company indicating they are licensed in the Province of Newfoundland and Labrador	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Confirmation of License/Registration Form home jurisdiction: (N/A for applicants for first license.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Payment Received:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
6. Applicants for First License Only		
(a) Canadian Experience Record Book	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Official Transcript of examination results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registrar's Recommendation:	Date	
Board's Decision:	Date	
Applicant Notified:	Date	
Professional Stamp Ordered:	Date	
Newfoundland and Labrador Association of Architects notified:	Date	
Notes, Comments, and Other Research:		

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**ARCHITECTS LICENSING BOARD OF NEWFOUNDLAND AND LABRADOR**  
**Primary Continuing Education Reporting Jurisdiction**  
**Declaration Form**

In order to ensure Architects who are licensed in multiple jurisdictions in Canada do not record their Continuing Education (CE) activities on multiple transcripts (unless they prefer to do so), the ALBNL has developed this form to allow ALBNL members outside of Newfoundland and Labrador the opportunity to record their CE activities on a transcript in a Province/Territory of their choice other than Newfoundland and Labrador or their home jurisdiction. Upon receipt of the completed Declaration Form, the ALBNL will communicate directly with the selected jurisdiction to ensure CE compliance. Below is a listing of organizations to which this opportunity applies.

**I wish to designate one of the following as my Primary CE Program Reporting Jurisdiction:**

<input type="checkbox"/>	Alberta Association of Architects (AAA)
<input type="checkbox"/>	Architects' Association of New Brunswick (AANB)
<input type="checkbox"/>	Architects' Association of Prince Edward Island (AAPEI)
<input type="checkbox"/>	Architectural Institute of British Columbia (AIBC)
<input type="checkbox"/>	Manitoba Association of Architects (MAA)
<input type="checkbox"/>	Northwest Territories Association of Architects (NWTAA)
<input type="checkbox"/>	Nova Scotia Association of Architects (NSAA)
<input type="checkbox"/>	Ontario Association of Architects (OAA)
<input type="checkbox"/>	Ordre des architectes du Québec (OAQ)
<input type="checkbox"/>	Saskatchewan Association of Architects (SAA)

**I confirm to the ALBNL that:**

1. I am a registered/licensed member of the Primary CE Reporting Jurisdiction noted above (Registration/License # \_\_\_\_\_).
2. I am solely responsible for complying with the continuing education requirements of the Primary CE Reporting Jurisdiction.
3. I authorize my Primary CE Reporting Jurisdiction to release to the ALBNL information that is relevant to my compliance with their continuing education program.
4. I recognize that I must comply with the Primary CE Reporting Jurisdictions requirements specified by the primary jurisdiction.
5. I recognize that information falsely reported in another Province/Territory will be recorded as non-compliance with the ALBNL's CE Program which may lead to potential disciplinary action.

Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_