



ARCHITECTS LICENSING BOARD OF NEWFOUNDLAND AND LABRADOR

P.O. BOX 5204, ST. JOHN'S, NL, CANADA, A1C 5V5 / Telephone: 709.726.8550 / albnl@albnl.com / www.albnl.com

ALBNL CONTINUING EDUCATION PROGRAM (CEP)

CORE Request for Assessment of CEP Learning Hour Activity

Applicant information (please print clearly in block letters)	
Last name	First Name
Telephone:	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"> <input type="checkbox"/> Architectural Culture <input type="checkbox"/> Architectural Design <input type="checkbox"/> Environment & Energy <input type="checkbox"/> Heritage Building Restoration <input type="checkbox"/> Legal Issues and Legislation related to Architectural Practice and the Construction Industry <input type="checkbox"/> Building Codes (NBCC, NFPA, Accessibility Act, applicable CSA Standards) <input type="checkbox"/> Practice Management and Project Management <input type="checkbox"/> Risk Management <input type="checkbox"/> Starting your Own Practice <input type="checkbox"/> Sustainable Design/Green Architecture (including LEED Workshops Accreditations)
Any questions, please contact the ALBNL albnl@albnl.com .