



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

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), this form allows ALBNL License Holders outside of NL the opportunity to record CE activities on a transcript in a Province/Territory of their choice other than NL 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: \_\_\_\_\_