A L B N L ARCHITECTS LICENSING BOARD OF NEWFOUNDLAND AND LABRADOR

P.O. BOX 5204, ST. JOHN'S, NL, CANADA, A1C 5V5 TEL (709) 597-8550 / albnl@albnl.com / www.albnl.com

2027 ALBNL LICENSE RENEWAL APPLICATION

INSTRUCTIONS FOR COMPLETING THIS RENEWAL APPLICATION

PROCESSING:
All sections of the application must be completed in full.
Please Allow 2-3 weeks for processing from the date of receipt to approval.

LICENSE HISTORY:
Indicate license status in all jurisdictions where a license is currently held or previously held. Identify any license not currently in good standing and provide details including foreign memberships. Attach supplementary sheets if necessary.

License Term:
January 1st to December 31st of each calendar year.

FEES:
License Fees must accompany completed license renewal application and no application will be reviewed until License Fees are received.

PROFESSIONAL INSURANCE:
A precondition for being granted a license and renewing a license the Architect must provide the ALBNL with a Certificate of Insurance indicating they have obtained insurance against errors and omissions. The requirements for this insurance are:

- The policy must name the Architect as the insured.
- The policy must have a liability limit of not less than $250,000 a claim and have an aggregate total of $500,000 in a year. The policy must contain a requirement to notify the Board immediately upon cancellation or expiration of the policy. A 30 days written notice to the Certificate Holder is required.
- If an Architect decides to directly supervise a firm, (Section 13(2) of the Act) it is a precondition that the Architect provide the Board with a Certificate of Insurance indicating that the firm has also obtained insurance. Insurance requirements for firms are the same as those for Architects.
- The Insurance Company must be registered with the Province of NL. https://www.gov.nl.ca/gs/insurance/licences-valid/

LICENSE EXPIRY:
Your licence will automatically expire on **31st December annually.** Applicants are solely responsible for submitting both a license renewal application and renewal fees to the Board. The Board is not obligated to issue reminders and may only do at the Board's discretion.

- **If the Board receives your application before 30th November:** You may continue to practice until the Board has ruled on your application.
- **If the Board does not receive your application by 30th November:** You must cease practising at year-end and cannot resume until the Board rules on your renewal application. A late fine will also apply.

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ALBNL 2027 LICENSE RENEWAL APPLICATION

APPLICANT INFORMATION

Legal Name *(Please Print):*

HOME:

Mailing Address:

Telephone:

E-Mail Address:

BUSINESS:

Mailing Address:

Telephone:

E-Mail Address:

Preferred Mailing Address ☐ Home ☐ Place of Work

Mailing Address to be published on the Website ☐ Yes ☐ No

Language: ☐ English ☐ Other
Specify Other:

CURRENT LICENSES HELD

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

Jurisdiction	License #

Is there any new or updated record of disciplinary action on file with any licensing authority since your initial application or since your last renewal application? ☐ Yes ☐ No

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

INSURANCE INFORMATION - Attach a copy of your Certificate of Insurance (COI)

As a condition of your license renewal, you must always maintain professional liability insurance. 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 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 require 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, or sole practitioner 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? ☐ Yes ☐ No
(Alternatively, you may submit a copy of a separate policy naming the partnerships and joint ventures.)

CONTINUING EDUCATION PROGRAM (CEP)

Your 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/.

To ensure Architects, who are licensed in multiple jurisdictions in Canada, do not record their CE activities in multiple jurisdictions, the ALBNL has developed this form to allow ALBNL license Holders to record their CE activities on a transcript in a Province, Territory or U.S. jurisdiction of their choice. Upon receipt of the completed Declaration Form, and at the completion of a CE cycle, the ALBNL will communicate directly with the selected jurisdiction to ensure CE compliance. Below is a listing of organizations to which this opportunity applies.

UNDERTAKINGS

1. If I am granted a license renewal 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 renewal license, I understand the professional seal or stamp provided to me remains the property of the Board and I will return it immediately to the Board upon request.
3. I understand if my license renewal application has been received by the Board no later than 30th November, I can continue to practice architecture until such time as the Board has decided on my renewal application. If my renewal application is not received by 30th November, I understand I am required to cease practicing architecture on 31 December and cannot resume until the Board has renewed my application. I understand a late fee will also apply.

PAYMENT METHOD

☐ *Cheque* ☐ *e-Transfer to albnl@albnl.com* ☐ *Pre-Authorized Payment (no credit cards accepted)*

ALBNL License Renewal Fee	$843.00
NLAA Membership Renewal Fee	$832.00
Sub-Total:	$1,675.00
15% Harmonized Sales Tax	$251.25
Total Payable in Canadian Funds:	**$1,926.25**

APPLICANT'S SIGNATURE AND WITNESS SIGNATURE REQUIRED

SIGNATURE: **DATE:**

WITNESS SIGNATURE
(please print & sign):

DATE:

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 CE activities in multiple jurisdictions, the ALBNL has developed this form to allow ALBNL license Holders to record their CE activities on a transcript in a Province, Territory or U.S. jurisdiction of their choice. Upon receipt of the completed Declaration Form, and at the completion of a CE cycle, the ALBNL will communicate directly with the selected jurisdiction to ensure CE compliance. Below is a listing of organizations to which this opportunity applies.

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

	Architects' Association of Alberta (AAA)
	Architects' Association of New Brunswick (AANB)
	Architects' Association of Prince Edward Island (AAPEI)
	Architectural Institute of British Columbia (AIBC)
	Manitoba Association of Architects (MAA)
	Northwest Territories Association of Architects (NWTAA)
	Nova Scotia Association of Architects (NSAA)
	Ontario Association of Architects (OAA)
	Ordre des architects du Québec (OAQ)
	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 CE program.
4. 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: _____

ALBNL USE		
Name of Architect:	**License #**	
• Date Application was initially received by the ALBNL: (M/D/Y):		
Confirmation of applicable documents:		
• Completed Application Form	☐ Yes	☐ No
• Professional Liability Insurance Certificate	☐ Yes	☐ No
• Fees Payment	☐ Yes	☐ No
Registrar's Recommendation	Date	
Board's Decision	Date	
Applicant Notified	Date	
Newfoundland and Labrador Association of Architects notified	Date	