



# Periodic Assessment Form

**To be completed by the Regulator** (Please include your name and CACB number when submitting this form.)

**NAME OF INTERN ARCHITECT:** \_\_\_\_\_ **CACB NO.** \_\_\_\_\_

**FOR EXPERIENCE PERIOD FROM** \_\_\_\_\_ **TO** \_\_\_\_\_  
year / month / day year / month / day

**COMMENTS:** \_\_\_\_\_

**SUMMARY OF REVIEWED EXPERIENCE**

**A Design / Construction Documents**

	TOTAL HOURS REQUIRED	HOURS FROM LAST PERIOD	HOURS IN THIS PERIOD	TOTAL HOURS TO DATE	TOTAL HOURS REMAINING
1 Programming	80				
2 Site and Environmental Analysis	80				
3 Schematic Design	240				
4 Engineering Systems Integration	140				
5 Building Cost Analysis*	80				
6 Code Research	120				
7 Envelope Detailing	80				
8 Design Development*	320				
9 Construction Documents	760				
10 Specifications & Materials Research*	120				
11 Document Checking and Coordination*	100				
12 Energy Literacy/Sustainability	80				

**B Construction Administration**

13 Procurement and Contract Award	120				
14 Construction Phase – Office	200				
15 Construction Phase – Site	200				

**C Management**

16 Management of the Project	120				
17 Business/Practice Management	120				

**Total hours required in Categories A, B, C** **2960**

**Remaining Additional Hours** **760**  
(May be gained in areas 1 -17)

**TOTAL** **3720**

**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*May occur in multiple phases of a project.  
NOTE: Total required hours will be considered the minimum number of required hours. Regulators may require additional experience.