



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					
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Remaining Additional Hours

(May be gained in areas 1 -17)

760					
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.