



# Application for Registration as an Architect

**APPLICANT TYPE:**  
[check one]

First-time Canadian  
Applicant (IAP)

Canadian Architect  
via reciprocity (ROAC)

Broadly Experienced  
Foreign Architect  
(BEFA)

## 1. PERSONAL INFORMATION

**SALUTATION [optional]:**  Ms.  Mr.  Mx.  Other: \_\_\_\_\_

\_\_\_\_\_  
Last Name Given Name(s)

\_\_\_\_\_  
Preferred Name(s) Post-nominals & Designations

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City Province/Territory Postal Code

\_\_\_\_\_  
Home Phone Mobile Phone

\_\_\_\_\_  
Personal Email

\_\_\_\_\_  
Date of Birth Country of Birth

**LANGUAGE(S):**  English  French  Other: \_\_\_\_\_

## 2. EMPLOYMENT INFORMATION

\_\_\_\_\_  
Firm/Business Name

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City Province/Territory Postal Code

\_\_\_\_\_  
Business Phone Extension

\_\_\_\_\_  
Business Email

**PRACTICE STATUS [select one]**

- Sole Practitioner  Employee  
 Partner  Director (Corporation)

## 3. ACADEMIC QUALIFICATIONS & CACB CERTIFICATION [NOT REQUIRED FOR ROAC APPLICANTS]

DEGREE (OR EQUIVALENT)	SCHOOL	COUNTRY	GRADUATION DATE
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have your academic qualifications been reviewed by the Canadian Architectural Certification Board?  YES  NO

CACB NUMBER: \_\_\_\_\_ CERTIFICATION DATE: \_\_\_\_\_

## 4. BEFA CERTIFICATION & EXPERIENCE [FOR BEFA APPLICANTS ONLY]

- SELECT ONE:**
- I am a Canadian citizen.
  - I am a permanent resident of Canada.
  - I currently hold a valid Canadian work visa.

BEFA CERTIFICATION NUMBER: \_\_\_\_\_ YEAR GRANTED: \_\_\_\_\_

Have you completed the BEFA program through the Canadian Architectural Certification Board, including 940 hours of Canadian experience under the personal supervision and direction of an Architect licensed to engage in the practice of architecture in the Northwest Territories?

YES  NO

NAME OF SUPERVISING ARCHITECT: \_\_\_\_\_

Was this experience completed within three years prior to the date of your assessment interview?

YES  NO

DATE OF ASSESSMENT INTERVIEW: \_\_\_\_\_

Did you write the Examination for Architects in Canada (ExAC) as part of the BEFA program?

YES  NO

SECTIONS COMPLETED:  Section One  Section Two  Section Three  Section Four

Did you complete additional requirements in the BEFA program?

YES  NO

IF YES, PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**5. LICENSING HISTORY** [NOT REQUIRED FOR FIRST-TIME APPLICANTS]

PRIMARY JURISDICTION \_\_\_\_\_ LICENCE NUMBER \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_

**ALL JURISDICTIONS IN WHICH YOU CURRENTLY HOLD A LICENCE:**

JURISDICTION	LICENCE NUMBER	DATE LICENCE ISSUED
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ALL JURISDICTIONS IN WHICH YOU PREVIOUSLY HELD A LICENCE AND REASON YOU NO LONGER HOLD A LICENCE:**

JURISDICTION	LICENCE NUMBER	DATE LICENCE ISSUED	DATE	REASON
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been denied a licence?

YES  NO

Has your Licence ever been suspended or revoked?

YES  NO

Has your licence ever been cancelled?

YES  NO

Have you resigned your membership in any organization of architects that licenses or authorizes the practise of architecture in a jurisdiction other than Ontario, or allowed your licence to lapse for any reason?

YES  NO

Have you ever been convicted of an offence which may be relevant to your suitability to practise architecture?

YES  NO

Have you ever been found guilty of professional misconduct or incompetence?

YES  NO

Is your conduct or competence presently the subject of proceedings?

YES  NO

Was your conduct or competence under review at the time of your resignation or cancellation?

YES  NO

**IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, USE A SUPPLEMENTARY SHEET TO PROVIDE DATES AND DETAILS.**

**6. EXAMINATION HISTORY [REQUIRED BY FIRST-TIME APPLICANTS ONLY]**

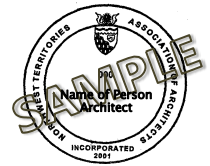
Enter the completion dates for all applicable examinations:

	Date Completed	Other Professional Registration Examinations
<b>ExAC - Examination for Architects in Canada</b>		
<b>Section One</b>	_____	_____
<ul style="list-style-type: none"> <li>• Programming</li> <li>• Site and Environmental Analysis</li> <li>• Coordinating Engineering Systems</li> <li>• Cost Management</li> <li>• Schematic Design</li> <li>• Design Development</li> </ul>		_____
<b>Section Two</b>	_____	
<ul style="list-style-type: none"> <li>• National Building Code (2015 Edition)</li> </ul>		
<b>Section Three</b>	_____	
<ul style="list-style-type: none"> <li>• Final Project</li> <li>• Sustainable Design Literacy</li> </ul>		
<b>Section Four</b>	_____	
<ul style="list-style-type: none"> <li>• Bidding and Contract Negotiations</li> <li>• Construction Phase – Office Functions</li> <li>• Construction Phase – Field Functions</li> <li>• Project &amp; Business/Practice Management</li> </ul>		
<b>Provincial Professional Practice Examination</b>	_____	
<b>Quebec Four-Part Written Examination</b>	_____	
<b>Oral Examination</b>	_____	

**7. CONFIRMATION OF STAMP NAME PLATE**

Confirm your full name as it should appear on your NWTAA-issued Architect Stamp:

Full Name (ie, John Smith or John P. Smith or J. Person Smith) \_\_\_\_\_



**8. MANDATORY CONTINUING EDUCATION**

All registered architects of the Northwest Territories Association of Architects must comply with the Mandatory Continuing Education requirement of 70 hours per two-year reporting period, starting July 1<sup>st</sup> of every even-numbered year.

For more information, please refer to NWTAA’s Practice Bulletin # 3.

**9. REQUIRED DOCUMENTATION**

I have enclosed the following with this application:  
 (Payment of the annual and registration fees are due upon approval of the application.)

- | IAP                      | ROAC                     | BEFA                     |   |
|--------------------------|--------------------------|--------------------------|---|
|                          | <input type="checkbox"/> |                          | A completed <i>Complaint Declaration</i> form   |
| <input type="checkbox"/> |                          | <input type="checkbox"/> | Copy of CACB Certificate / BEFA certification   |
| <input type="checkbox"/> |                          | <input type="checkbox"/> | Copies of all degrees & equivalent certificates noted in Part 3                               |
| <input type="checkbox"/> |                          | <input type="checkbox"/> | Copy of current resume/curriculum vitae   |
|                          |                          | <input type="checkbox"/> | Proof of Canadian citizenship, certificate of permanent residency, OR copy of valid work visa |
|                          |                          |                          | <b>AND</b>  |
|                          | <input type="checkbox"/> |                          | I have requested a Certificate of Licence/Registration from my home jurisdiction              |

**10. DECLARATION**

I do solemnly declare that

- I am applying for a licence under the *Architects Act* of the Northwest Territories,
- I agree to comply with the *Architects Act*, regulations and bylaws, all as amended,
- I understand that only a holder of a Certificate of Practice is permitted to offer and/or provide to a member of the public a service that is part of the practice of architecture, and
- The facts set out in this application for licence are true and correct in every particular.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

In addition, I hereby consent and authorize \_\_\_\_\_ [NAME OF REGULATOR OF HOME JURISDICTION] to release and disclose, to the jurisdiction to which I am making this application for licence, all information and documents that in any way relate to any past, current or pending investigations or proceedings involving my conduct or competence.

**I WILL NOTIFY THE NWTAA IMMEDIATELY**, in writing, of any changes that occur to the information I have supplied on this application.

**IF SIGNED WITHIN CANADA**

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE