

Record of Architectural Experience: Periodic Assessment Form (To be completed and approved by the Regulator with every logbook submission.)

Inter	n Identification:				
Surn	ame	F	rst Name	Mido	lle Name(s)
	erience From]		
Peri	od <u> </u>		-		
	To	month voor			
	day	month year			
Comr	ments_				
Revie	ewed				
Ву:			Date:		
Su	mmary of Reviewed Experienc	C C Total Hours Required	Hours This Period Experience	Hours To Date Experience	Hours Remaining
Α	Design / Construction Documents	2800			
1	Programming	80			
2	Site Analysis	80			
3	Schematic Design	120			
4	Engineering Systems Coordination*	120			
5	Building Cost Analysis*	80			
6	Code Research*	120			
7	Design Development	320			
8	Construction Documents	1080			
9	Specifications & Materials Research*	120			
10	Document Checking and Coordination*	80			
* 1.4	SUBTOTAL	2200			
	ay occur in multiple phases of a project subtotal includes the 2200 minimum hours requ	ired plus 600 additi	onal hours that must be earned	l in any of the experienc	e areas 1-10.
В	Construction Administration	560			
11	Bidding & Contract Negotiation	80			
12	Construction Phase - Office	120			
13	Construction Phase – Site	120			
	SUBTOTAL	320			
This	subtotal includes the 320 minimum hours require	ed plus 240 additio	nal hours that must be earned i	n any of the experience	areas 11-13.
С	Management	280			
14	Project Management	120			
15	Office Management	80			
	SUBTOTAL	200			
This	subtotal includes the 200 minimum hours require	ed plus 80 addition	al hours that must be earned in	any of the experience	areas 14-15.
Rer	naining 80 hours may be earned in any exp	erience 1-15.			
*Not	te: Total Required hours will be considered the n	ninimum number of	required hours. Regulators may	y require additional expe	erience.
	TOTAL	3720			

Confirmation of Employment

Dear Sir or Madam:	
Employment Confirmation	
Intern's Name in Full:	
Practice Name:	
Practice Address:	
Street address:	
Province:	Postal Code:
I confirm that the above-noted Intern is emp Employment Situation and that this entity architectural experience in accordance with t	ployed with our Architectural Practice or Eligible Architectura shall endeavour to provide the required pre-registration the Internship in Architecture Program.
Name of Supervising Architect (Please print)	
Signature	
Date	



Confirmation of Mentor

Dear Sir or Madam:	
Mentor's Confirmation	
Intern's Name in Full:	
I am pleased to act as Mentor to the above named Intern for the period of pre-registrate architectural experience as required and shall endeavour to act as professional adviconducting reviews and assessments of the architectural experience and generally assist the Intern in preparing for registration/licensure in accordance with the Internship Architecture Program.	iso iso iin(
Name of Mentor (Please print)	
Signature	
Date	

