

## Canadian Experience Record Book: Experience Summary Form Steps to Follow **Intern Identification** Carefully read all instructions. The Experience Summary Surname First Name Middle Name(s) Form is to be submitted for each 900 to 1000 hours of work experience or for each No. and Street Suite No. change of employment. Complete this form either by printing neatly in ink or City Province/State/Territory Country electronically. Ensure that all pages of the Postal/Zip Code Res. Tel. Bus. Tel. form are initialled by your Email Supervising Architect. Ensure that changes or **Employer Identification** whiteouts are initialled by your Supervising Architect. Ensure that all additional pages annexed to this form Name of Practice are also signed by your Supervising Architect. No. and Street Suite No. Ensure that all Declarations are signed and dated. City Province/State/Territory Country Submit a hard copy of the form bearing original Postal/Zip Code signatures to your CALA Bus. Tel. Email jurisdiction for review. Retain a copy of this form for Nature of Employer's Activities your records. Experience Supervisor Position Mentor Identification Surname First Name Res. Tel. Name of Practice Bus. Tel. DAY MONTH YEAR **Provincial Association Use Only** Experience Period From Received: To Date: Reviewed: Full Time Experience Click on appropriate box By: \_\_ Date: Part Time Experience Click on appropriate box

Role of Intern Project(s)	Project(s), (Submit additional pages, if required)						

Summary of Experience Record the total hours carried out on projects described on Page 4											
A Design/Construction Do					_		_			40	TOTAL 0
1 Programming	1	2	3	4	5	6	7	8	9	10	TOTALS
2 Site Analysis											
3 Schematic Design											
4 Engineering System Coordination											
5 Building Cost Analysis											
6 Code Research											
7 Design Development											
8 Construction Documents											
9 Specifications and Material Research*											
10 Document Checking and Coordination*											
* may occur in multiple											
phases of a project  B Construction Administrat	tion										
11 Bidding and Contract Negotiation	1	2	3	4	5	6	7	8	9	10	TOTALS
12 Construction Phase - Office											
13 Construction Phase - Site											
Subtotal											
Subtotal											
C Management					_		_			40	TOTAL 0
14 Project Management	1	2	3	4	5	6	7	8	9	10	TOTALS
14 Project Management 15 Office Management											
Subtotal											
Total Hours of Each Project											
Intern Declaration I declare that the enclosed information is an accurate record of my architectural experience.											
N. C. C.										D 1	
Name (please print)		Signature							Date		

## Summary of Projects (List the 10 most significant projects in this period) Project Type: New Construction, Additions, Renovations, etc. Occupancy: Assembly, Institutional, Industrial, Residential, Commercial. 1 Project Name **Project Type Occupancy Gross Floor Area** Location Budget No. of Storeys **Project Type Project Name** Occupancy **Gross Floor Area** Location Budget No. of Storeys **Project Type** 3 Project Name Occupancy **Gross Floor Area** Location Budget No. of Storeys **Project Name Project Type** Occupancy **Gross Floor Area** Location **Budget** No. of Storeys **Project Type Project Name** Occupancy **Gross Floor Area** Location Budget No. of Storeys **Project Type Project Name** Occupancy **Gross Floor Area** Location Budget No. of Storeys **Project Name Project Type Occupancy Gross Floor Area** Location **Budget** No. of Storeys 8 Project Name **Project Type** Occupancy **Gross Floor Area** Location Budget No. of Storeys 9 Project Name **Project Type** Occupancy Location **Gross Floor Area** Budget No. of Storeys Project Type 10 Project Name Occupancy **Gross Floor Area** Location **Budget**

No. of Storeys

Comments and Declarations Comments by Employer								
1	Comment on the level of responsi taken and performed by the Intern		ed of the Intern and relative level					
2	Comment on the overall attitude/p	philosophy/professional goals	of the Intern as you perceive them.					
3	Your recommendations for the ne	xt (6) months experience.						
4	Comment on the extent to which of the categories in which experie	·	o the activities as outlined for each					
	Supervising Architect Declaration	n I declare that the preceding i the Intern's architectural exp	nformation is an accurate summary of erience.					
	Name (please print)	Signature	Date					
		I declare that I have met with the						
	Name (please print)	Signature	Date					