

INTERN IDENTIFICATION

 Surname First Name Middle Name(s)

Address: _____ Suite No. _____ City: _____

Province/State/Territory _____ Country: _____ Postal/Zip Code: _____

Phone Number: _____

EMPLOYER IDENTIFICATION

Practice Name: _____

Address: _____ Suite No. _____ City: _____

Country: _____ Province/State/Territory _____ Postal/Zip Code: _____

Phone Number: _____ Email: _____

Nature of Employer's Activities: _____

Experience Supervisor: _____ Position: _____

MENTOR IDENTIFICATION

 Surname First Name Res. Telephone

 Name of Practice Bus. Telephone

EXPERIENCE PERIOD:

	Day	Month	Year	
From				Full-time Experience <input type="checkbox"/> Part-time Experience <input type="checkbox"/>
To				

Provincial/Territorial Association Use only:

Received by: _____ Date: _____

Reviewed by: _____ Date: _____

Steps to follow:

The experience Summary Form is to be submitted for each **900** to **1000** hours of work experience or for each change of employment. Complete this form either by printing neatly in ink or electronically.

Ensure that **all pages** of the form are initialled by your Supervising Architect.

Ensure all **changes** or **whiteouts** are initialled by your Supervising Architect.

Ensure that all **additional pages annexed** to this form are also signed by your Supervising Architect.

Ensure that all Declarations are signed and dated.

Submit a **hard copy** of the form bearing original signatures to your ROAC jurisdiction for review

Retain a copy of this form for your records.

Role of Intern: The Intern must identify their specific activities for each project identified on page 4 Summary of Project(s). (Submit additional pages, if required)

Project(s):

Summary of Projects (Add additional sheets if more than 10 projects in this period)

Project Type: New Construction, Additions, Renovations, etc. Occupancy: Assembly, Institutional, Industrial, Residential, Commercial.

1. Project Name _____ Location: _____
Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storys: _____

2. Project Name _____ Location: _____
Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storys: _____

3. Project Name _____ Location: _____
Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storys: _____

4. Project Name _____ Location: _____
Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storys: _____

5. Project Name _____ Location: _____
Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storys: _____

6. Project Name _____ Location: _____
Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storys: _____

7. Project Name _____ Location: _____
Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storys: _____

8. Project Name _____ Location: _____
Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storys: _____

9. Project Name _____ Location: _____
Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storys: _____

10. Project Name _____ Location: _____
Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storys: _____

Summary of Experience

Record the total hours carried out on projects described on Page 3.

A Design and Construction Documents

	1	2	3	4	5	6	7	8	9	10	TOTALS
1. Programming											
2. Site and Environmental Analysis											
3. Schematic Design											
4. Engineering Systems Integration											
5. Building Cost Analysis*											
6. Code Research*											
7. Envelope Detailing											
8. Design Development											
9. Construction Documents											
10. Specifications and Material Research *											
11. Document Checking and Coordination *											
12. Energy Literacy/Sustainability											
Subtotal											

* may occur in multiple phases of a project

B Construction Administration

	1	2	3	4	5	6	7	8	9	10	TOTALS
13. Procurement and Contract Award											
14. Construction Phase - Office											
15. Construction Phase - Site											
Subtotal											

C Management

	1	2	3	4	5	6	7	8	9	10	TOTALS
16. Management of the Project											
17. Business/Practice Management											
Subtotal											

Total Hours of Each Project											
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Intern Declaration

I declare that the enclosed information is an accurate record of my architectural experience.

Name (please print)

Signature

Date

Comments and Declarations

Comments by Employer

1. Comment on the level of responsibility and involvement requested of the Intern and relative level taken and performed by the Intern.

2. Comment on the overall attitude/philosophy/professional goals of the Intern as you perceive them.

3. Your recommendations for the next (6) months experience.

4. Comment on the extent to which the Intern has been exposed to the activities as outlined for each of the categories in which experience has been obtained.

Supervising Architect Declaration

I declare that the preceding information is an accurate summary of the Intern's architectural experience.

Name *(please print)*

Signature

Date

Mentor Declaration

I declare that I have met with the Intern in accordance with IAP.

Name *(please print)*

Signature

Date