Name of Applicant (please print)		
Date of Application		

INSTRUCTIONS FOR COMPLETING APPLICATION

- APPLICATION APPROVAL: Please allow four to eight weeks for processing your application from the date
 of receipt of the completed application and all required documentation. An incomplete application will be
 held for up to six to eight weeks and then returned or shredded.
- PROOF OF DATE OF BIRTH: Proof of date of birth is required. Photocopies of birth certificate, passport or driver's licence are accepted.
- 3. **COMPLETION OF APPLICATION:** All Sections of the application are to be completed and should be <u>typed</u> or <u>printed</u> clearly and couriered to the SAA. An application received via email will not be accepted. Fees must be submitted with the application.
- 4. VERIFICATION OF ITEMS SUBMITTED: All documentation submitted will be verified.
- 5. **REGISTRATION/LICENCE HISTORY:** Indicate Registration/Licence status in all jurisdictions where a Registration/Licence is <u>currently</u> held or was <u>previously</u> held. Identify any Registration/Licence not currently in good standing and give the particulars. Include foreign memberships. Attach supplementary sheets if necessary.
- 6. **REGISTRATION TERM**: January 1 to December 31, annually. The member shall annually pay the fees of the association by the <u>1st day of February</u> or will be automatically <u>struck</u> from the register for non-payment of fees. Registration must be maintained through the expiration of the construction warranty period.
- 7. **PROOF OF EDUCATION & EXAMINATION:** Please submit a copy of your CACB Certificate and proof of successful examination with your application.
- 8. **CONFIRMATION OF REGISTRATION/LICENCE**: Please have your resident association complete and forward to the SAA a Confirmation of Registration/Licence. Processing of the Application for Registration will only proceed after receipt of the completed and certified form directly from the Licensing Authority where the applicant is currently registered/licenced.
- 9. **DECEMBER APPLICATIONS:** Applications received after November 30 will not be finalized in that calendar year (unless otherwise requested) and must include the appropriate fees for the following year. Applicants should contact the SAA after November 30 for fee information.
- 10. APPLICATION FOR SEAL: Please review the practice bulletin related to seal posted on the SAA website.
- 11. **DISPLAY OF CERTIFICATE**: SAA Registered Members shall keep his/her certificate prominently displayed in his/her place of business.
- 12. **CONTINUING EDUCATION:** The SAA has a <u>mandatory</u> Continuing Education program and detailed information can be found on the SAA's website (<u>www.saskarchitects.com</u>).
- 13. **FEES:** Full payment of fees must accompany this application, in Canadian Funds only. Please refer to the Application Fees document posted on the SAA website.

IMPORTANT

Upon SAA Council approval, you will become a Registered Member of the Saskatchewan Association of Architects (SAA).

In order to <u>offer or provide architectural services</u> in Saskatchewan (as defined by *The Architects Act, 1996*) to the public, **an individual must be employed by a holder of a Licence to Practice with the SAA.** A Licence to Practice application should be submitted together with the application for Registered Member. If you are joining a firm holding a current Certificate of Practice, the firm is required to file a Change Form to add you to its Licence. If you are applying for registration and not associated with a Licence to Practice, then you must complete and submit the **Declaration: Non-Practicing Registered Architect** form included in this document. You will also be required to submit this declaration annually, by the 1st day of February, along with your membership renewal fees.

As defined in *The Architects Act, 1996 2 (q),* "practice of architecture" or "architecture" means:

- (i) preparing or providing, for hire, gain or hope of reward a design to govern the construction of a building that has as its principal purpose human habitation or occupany; or
- (ii) examining a building that has as its principal purpose human habitation or occupancy to determine whether the construction is in general conformity with the design governing the construction of the building, and reporting on the construction of the building.

Protection of title

22(1) No person other than a member shall use the title "Registered Architect" or "Architect", the abbreviation "S.A.A.", or any word, title or designation, abbreviated or otherwise, to imply that the person is a member.

The <u>provision of architectural services</u>, which includes activities such as the preparation of drawings and completion of feasibility studies, <u>prior to the issuance of a Registration and Certificate of Practice</u> may be prejudicial to the granting of a Licence to Practice.

You are advised to notify the SAA <u>in writing in advance of</u> being considered for a commission in Saskatchewan. You must also promise to comply with the requirements for registration and licensing immediately upon obtaining the commission. This request/notification of SAA Council avoids the perception that you are trying to practise architecture without a Licence and Certificate of Practice in Saskatchewan.



APPLICATION FOR FIRST SAA MEMBERSHIP REGISTERED ARCHITECT

A. IDENTIFICATION

1.	Name in Full: Surname	First Name		Middle	Middle Name(s)		
	Please check one	☐ Miss	☐ Mrs.	□ Ms.	☐ Mr.		
	Name as it should appon the Certificate:						
2.	Residence Address:						
		Street				Apt. No.	
		City		Province/St	tate/Territory	Country	Postal/Zip Code
3.	Place of Business:						
		Firm Name					
		Street				Suite No	
		City		State		Country	Zip Code
4.	(a) Address for Corre (The selected address w				siness []		
5.	Residence Tel: ()		Bus	siness Tel: ()	
9.	E-mail:						
10.	Date of Birth:		(N	lonth/Day/Year) P	lease attach c	copy of proof.	
11.	School of Architecture	:			·····		
12.	Degree/Diploma Rece	eived		Date D	egree/Diplom	a Received	

APPLICATION FOR FIRST SAA MEMBERSHIP REGISTERED ARCHITECT

B. EDUCATION, EXPERIENCE and EXAMINATIONS

1.	The Canadian Architectue ducational qualification the educational standard	ns in architecture and	d that I have attained		rtificate Number: ar Granted:		
2.	I have work for at least the person or persons approact 3720 hours of experience Internship in Architect Pexperience in Saskatchethe date of this application	oved by council and ce that meets the rec rogram, including 94 ewan in the two year	have completed quirements of the 40 hours of rs directly preceding	Yes	s□ No[
3.	I have successfully comp	oleted the examinati	on requirements of:	Jur	isdiction:		
	<u>OR</u>			Da	te of Completion: _		
4.	I have achieved BEFA (B	Broadly Experienced	Foreign Architect)	Се	rtificate Number:		_
	Certification through the Board (CACB). Please a		ural Certification	Yea	ar Granted:		
1. Juri	Jurisdiction in which first sdiction	Licence issued:		Lic	ence Number	Date	Licence is sued
						•	
2.	List all juris dictions in wh	ich you currently h	old a Licence/Registra	ation:			
Juri	sdiction				ence/Member mber	Date	Licence/Membership issued
3.	List all juris dictions in wh Licence/Registration in th		held a Licence/Regist	ratio	n and provide the re	ason you n	o longer hold a
Juri	sdiction	Licence/Member Number	Date Licence/Membershi Issued	р	Date Resigned/C	ancelled	Reason Resigned/Cancelled
						<u> </u>	

4.	Have you ever been denied a Licence/Registration?	Yes □	No□
5.	(a) Has your Licence/Registration ever been suspended or revoked?	Yes □	No□
	(b) Has your Licence/Registration ever been cancelled?	Yes □	No□
6.	Have you resigned your membership in any organization of architects that licenses or authorizes the practice of architecture or allowed your Licence/Registration to lapse for any reason?	Yes □	No□
7.	Have you ever been convicted of an offence which may be relevant to your suitability to practice architecture?	Yes □	No□
8.	(a) Have you ever been found guilty of professional misconductor incompetence?	Yes □	No□
	and/or		
	(b) Is your conduct or competence presently the subject of proceedings?	Yes □	No□
9.	Was your conduct or competence under review at the time of your resignation or cancellation?	Yes □	No□
10.	Have you been is sued a Licence/Registration in any jurisdiction that is subject to any terms, conditions or limitations?	Yes □	No□

If you have answered "yes" to questions 4. to 10., use a supplementary sheet to provide dates and details.

C. DECLARATION AND AGREEMENT

membersh	ip in the Associat		ects Act, 1996 as a REGIST	Architects for Admission to ERED MEMBER as defined in the
l,			of	in the
			, having applied	
				, covenant and agree with the
			all the members thereof that of such election that:	at, in the event of my being elected a
•	emoluments in	connection with any was be employed under a	works the execution of which	ny illicit or surreptitious commissions or I may be engaged to superintend or other professional business which
•				eans of concessions, commissions or es without adequate pecuniary
•	governed and b which may here	ound by the said the after be enacted, so	Act and the Bylaws and by long as I remain a member	ciation of Architects, and will be any alteration or amendments thereof
•	I will exercise m Association of A		advance the interests and o	bjects of the said Saskatchewan
l,			, do solemnly	declare, that the facts set out in the
believing i		ie and correct in ever	ry particular, AND I make thi	s solemn declaration conscientiously f made under oath, by virtue of the
DECLARE	D this the	day of	, 20	
-				
In the	Prov ince/State	of		notary stamp/seal
	Notary /Commiss	ioner		
	Applicant's Signa	iture		

The Saskatchewan Association of Architects Letter of Undertaking

ATTENTION: REGISTRATION COMMITTEE

This will confirm that before practicing architecture in the Province of Saskatchewan, I will acquire knowledge of and abide by *The Architects Act, 1996*, Bylaws of the Saskatchewan Association of Architects, the Saskatchewan Builders' Lien Act, the National Building Code of Canada as amended by The Uniform Building and Accessibility Standards Act of Saskatchewan, Saskatchewan Human Rights Code and regulations under the Fire Prevention Acts, and other conditions pertaining to the practice of architecture in the Province of Saskatchewan.

Yours truly,		
Signature		
Name (please print)		
Date		

APPLICATION FOR FIRST SAA MEMBERSHIP REGISTERED ARCHITECT

carefuly complete the checklist to assist you in successfully completing the application. Incomplete sions will be returned.
I enclose a completed, signed and notarized application.
I enclose proof of date of birth: photocopy of driver's licence, birth certificate or passport.
I enclose a copy of my CACB Certificate.
I enclose proof of successful examination.
I enclose proof of completing the required logged CERB hours.
I <u>enclose</u> the Declaration: Non-Practiciting Architect, if I am not associated with a current SAA Licence to Practice holder.
I enclose payment. Fees must be paid in Canadian Funds only.

DECLARATION: NON-PRACTICING REGISTERED ARCHITECTS

In order to be able to use their seal, registered members of the Saskatchewan Association of Architects (SAA) are required to be employed by a firm who holds a valid Licence to Practice.

SAA Registered Members whose employer does not meet the requirements for licensure in Saskatchewan are required to sign a Non-Practicing Declaration.

	red SAA member must be properly credited to a firm holding a Licence ited to any other firm name is considered practicing without a licence, rofessional Conduct Committee.
,nolding a Licence to Practice in Saskatcl	, declare that I am currently not employed by a firm hewan. I understand that I am currently not eligible for a member seal.
Signature	

Date



SASKATCHEWAN ASSOCIATION OF ARCHITECTS PRIMARY CONTINUING EDUCATION REPORTING JURISDICTION DECLARATION FORM

In order to ensure architects who are licensed in multiple jurisdictions in Canada do not record their Continuing Education (ConEd) activities on multiple transcripts (unless they prefer to do so), the SAA has developed this form to allow SAA members outside Saskatchewan the opportunity to record their ConEd activities on a transcript in a Province/Territory of their choice other than Saskatchewan or their home jurisdiction. Upon receipt of the completed declaration form, the SAA will communicate directly with the selected jurisdiction to ensure ConEd compliance.

Please complete this form and return it to the SAA.

I wish to designate one of the following as my primary ConEd reporting jurisdictio	I wish to	designate one	of the f	following	as my p	primary	ConEd re	porting	jurisdict	ior
--	-----------	---------------	----------	-----------	---------	---------	----------	---------	-----------	-----

Name (please pr	int):
	at information falsely reported in another province/territory will be recorded as ce with the SAA's ConEd program which may lead to potential disciplinary action.
	at I must comply with the primary ConEd reporting jurisdiction's specified by the primary jurisdiction.
that is relevan	t to my compliance with their continuing education program.
	primary ConEd reporting jurisdiction to release to the SAA information
	sponsible for complying with the continuing education requirements ConEd reporting jurisdiction.
Registration/	Licence #
ı. I am a register	ed/licensed member of the primary ConEd reporting jurisdiction noted above.
I confirm to th	e SAA that:
	Saskatchewan Association of Architects (SAA)
	Ordre des architects du Québec (OAQ)
	Ontario Association of Architects (OAA)
	Nova Scotia Association of Architects (NSAA)
	Northwest Territories Association of Architects (NWTAA)
	Newfoundland and Labrador Association of Architects (NLAA)
	 Architectural Institute of British Columbia (AIBC) Manitoba Association of Architects (MAA)
	Architects' Association of Prince Edward Island (AAPEI)
	Architects' Association of New Brunswick (AANB)
	☐ Alberta Association of Architects (AAA)

PAYMENT REMITTANCE FORM

CREDIT ACCOUNT OF:				
NAME IN FULL:	(Surname)	(First Name)		(Initial)
HOME ADDRESS:	(Street)	(City)	(Province)	(Postal Code)
TELEPHONE	(Home)	(Business)		
EMAIL:				
REASON FOR PAYMENT:			_	
AMOUNT OF PAYMEN	IT: 			
PAYMENT INFORMAT	ION:			
Cheque Uisa U	Mastercard			
NAME OF CARDHOLDI	ER:			
ACCOUNT #:				
EXPIRY DATE:				
SIGNATURE OF CARDI	HOLDER:			

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.