

**APPLICATION FOR REGISTERED MEMBER –
RECIPROCAL ARCHITECTS REGISTERED/LICENSED IN
THE UNITED STATES**

Name of Applicant (please print)

Date of Application

INSTRUCTIONS FOR COMPLETING APPLICATION

1. **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.
2. **PROOF OF CITIZENSHIP OR PERMANENT RESIDENCY:** Proof of citizenship or lawful permanent residency status in the United States of America (USA) or Canada.
3. **REGISTRATION/LICENSURE IN GOOD STANDING:** Proof of licensure in good standing with one or more NCARB Member Board(s) signatory to the current Agreement (template page 11).
4. **PROOF OF DATE OF BIRTH:** Proof of date of birth is required. Photocopies of birth certificate, passport or driver's license are accepted.
5. **COMPLETION OF APPLICATION:** All Sections of the application are to be completed and should be typed or printed clearly. The original form must be returned. An application received via email will not be accepted. Fees must be submitted with the application.
6. **VERIFICATION OF ITEMS SUBMITTED:** All documentation submitted will be verified.
7. **REGISTRATION/LICENCE HISTORY:** Indicate Registration/Licence status in all jurisdictions where a Registration/Licence is currently held or was previously 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. Membership must be maintained through the expiration of the construction warranty period.
7. **POST-LICENSURE EXPERIENCE:** A signed affidavit attesting to the completion of 2,000 cumulative hours of post-licensure experience, practicing as an architect in the USA must accompany this application. Please use the form provided.
8. **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.
9. **APPLICATION FOR SEAL:** Please review the [practice bulletin](#) related to seal posted on the SAA website.
10. **DISPLAY OF CERTIFICATE:** SAA Registered Members shall keep his/her certificate prominently displayed in his/her place of business.
11. **CONTINUING EDUCATION:** The SAA has a mandatory Continuing Education program and detailed information can be found on the SAA's website (www.saskarchitects.com).
12. **FEES:** Full payment of fees must accompany this application, in Canadian Funds only. Membership Fees for the period of January 1 – December 31, 2015:

Please Note: Any former member must enclose any fees, levies and/or assessments that are in arrears prior to consideration of the application form.

IMPORTANT

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

In order to offer or provide architectural services 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 membership. 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.

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

Excerpts from the MUTUAL RECOGNITION AGREEMENT (CANADA/USA)

The following is a summary of the requirements as set out in the Mutual Recognition Agreement between the National Council of Architectural Registration Boards (NCARB) and the Canadian Architectural Licensing Authorities (CALA) which took effect January 1, 2014 in Saskatchewan, Canada.

1. Mutual Recognition Agreement

Definitions:

- (a) **Demonstration of Required Experience:** 2,000 cumulative hours of post-licensure experience shall be demonstrated by individual applicants through the provision of proof of licensure in good standing and a signed affidavit attesting to the experience.
- (b) **Principal Place of Practice:** The address declared by the architect to be the address at which the architect is predominantly offering architectural services. The architect may only identify one principal place of practice.
- (c) **Limitations:** Nothing in this Agreement limits the ability of an NCARB Member Board or CALA jurisdiction to refuse to license/register an architect or impose terms, conditions or restrictions on his/her licence/registration.

2. Eligibility and Conditions

All applicants for registration in the Province of Saskatchewan, and all architectural practices, must comply with the local requirements.

A. Eligibility

- (1) Architects who are able to benefit from the provisions of this agreement must be citizens respectively of the United States or Canada or have lawful permanent residency status in that country as their home country in order to seek licensure/registration in the other country as the host country under this Agreement. Architects shall not be required to establish citizenship or permanent residency status in the host country in which they seek licensure/registration under this Agreement.
- (2) Architects must also be licensed/registered in a jurisdiction of their home country and must have completed at least 2,000 hours of post-licensure/registration experience practicing as an architect in their home country.
- (3) Architects who have been licensed by means of a Broadly Experienced Foreign Architect program of either two countries or other foreign reciprocal licensing agreement are not eligible under this agreement.

B. Conditions

US Architect to Canadian Jurisdiction

Upon application, those CALA jurisdictions who are signatories to this Agreement and so long as they remain signatories agree to license/register as an architect in their respective province or territory any architect who:

- 1. Is currently licensed/registered in good standing by one or more NCARB Member Board(s) that is a current signatory to this Agreement;
- 2. Holds a current NCARB Certificate;
- 3. Meets the eligibility requirements listed above; and
- 4. Whose principal place of practice is in a jurisdiction that is a current signatory to this Agreement

C. Applicant Must Provide:

1. A letter of good standing from the architectural licensing authority in the architect's principal place of practice (template attached);
2. A letter of declaration from the applicant attesting to at least 2,000 hours of post-licensure experience (template attached);
3. Proof of citizenship/permanent residency in the home country; and
4. A current NCARB Certificate.

3. Practice (Certificate of Practice)

1. (a) To promote, offer or provide architectural services in Saskatchewan a registered architect must apply for and be granted a Certificate of Practice.
 - (b) In order to obtain and continue to hold a Certificate of Practice, a registered architect under the Mutual Recognition Agreement must maintain his/her Principal Place of Practice in a jurisdiction which allows an SAA member to become registered on a reciprocal basis.
 - (c) In order to hold a Certificate of Practice, a registered architect is subject to the local requirements including those relating to professional liability insurance coverage.
2. *The Architects Act, 1996* governs the Saskatchewan Association of Architects and provides authority to administer the practice of architecture in Saskatchewan. The Bylaws of the SAA also provide an outline of how architecture is to be carried out within the province. Both of these documents are available on the SAA website: www.saskarchitects.com.

SIGNATORY STATES/TERRITORIES

Schedule 1 lists those State Licensing Boards that will accept Certificate Holders for registration to practice architecture in its jurisdiction without any further demonstration of qualification by the Certificate Holder other than, in the case of certain State Licensing Boards, a demonstration that the Certificate Holder is familiar with local laws, conditions and practice requirements.

Alabama	Maryland	Rhode Island
Arkansas	Massachusetts	South Carolina
Arizona	Michigan	Tennessee
California	Missouri	Texas
Colorado	Montana	Utah
Connecticut	Nebraska	Vermont
Delaware	New Hampshire	Virgin Islands
District of Columbia	New Mexico	Virginia
Georgia	North Carolina	Washington
Guam	North Dakota	West Virginia
Illinois	Ohio	Wisconsin
Indiana	Oregon	Wyoming
Iowa	Puerto Rico	
Kansas		
Kentucky		
Louisiana		

SIGNATORY PROVINCES / TERRITORIES

Schedule 2 lists those Canadian Provincial Associations and Territories that will Register as Registered Architects those Certificate Holders whose Principal Place of Practice is in the jurisdiction of a Member Board listed in Schedule 1, without further demonstration of qualification by the Certificate Holder other than, in the case of certain Associations, a demonstration that the Certificate Holder is familiar with local laws, conditions and practice requirements.

Alberta	New Brunswick	Ontario
British Columbia	Newfoundland & Labrador	Prince Edward Island
Manitoba	Northwest Territories	Quebec
	Nova Scotia	Saskatchewan



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A. IDENTIFICATION

1. Name in Full: _____
 Surname _____ First Name _____ Middle Name(s) _____

Please check one Miss Mrs. Ms. Mr.

Name as it should appear on the Certificate: _____

2. Residence Address: _____
 Street _____ Apt. No. _____
 City _____ Province/State/Territory _____ Country _____ Postal/Zip Code _____

3. Place of Business: _____
 Firm Name _____
 Street _____ Suite No. _____
 City _____ State _____ Country _____ Zip Code _____

4. (a) Address for Correspondence: Residence [] **or** Business []
 (The selected address will be your Address of Record on the Register.)

5. Residence Tel: (_____) _____ Business Tel: (_____) _____

6. E-mail: _____

7. Date of Birth: _____ (Attach copy of proof)
 (mm/dd/yy)

8. Country of Origin: _____

Degree/Diploma Received _____ Date Degree/Diploma Received _____

B. LICENCE HISTORY (Use supplementary sheets if necessary.)

1. Jurisdiction in which first Licence/Membership issued:

Jurisdiction	Licence/Member Number	Date Licence/Membership issued

2. List all jurisdictions in which you **currently** hold a Licence/Membership:

Jurisdiction	Licence/Member Number	Date Licence/Membership issued

3. List all jurisdictions in which you **previously** held a Licence/Membership and provide the reason you no longer hold a Licence/Membership in those jurisdictions:

Jurisdiction	Licence/Member Number	Date Licence/Membership Issued	Date Resigned/Cancelled	Reason Resigned/Cancelled

4. Have you ever been denied a Licence/Membership? Yes No
4. (a) Has your Licence/Membership ever been suspended or revoked? Yes No
- (b) Has your Licence/Membership 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 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 misconduct or incompetence? Yes No
- and/or**
- (b) Is your conduct or competence presently the subject of proceedings? Yes No
9. Have you been issued a License/Membership in a jurisdiction which is subject to any Terms, Conditions or Limitations? Yes No
10. Was your conduct or competence under review at the time of your resignation or cancellation? Yes No

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

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C. DECLARATION AND AGREEMENT

I hereby make application to the Council of the Saskatchewan Association of Architects for Admission to membership in the Association under *The Architects Act, 1996* as a REGISTERED MEMBER as defined in the bylaws of the Saskatchewan Association of Architects

I, _____ of _____ in the State of _____, having applied to become a REGISTERED MEMBER of the Saskatchewan Association of Architects, do hereby declare, covenant and agree with the Saskatchewan Association of Architects and with all the members thereof that, in the event of my being elected a member of the said Association, in consideration of such election that:

- I will not accept any trade or other discounts or give or accept any illicit or surreptitious commissions or emoluments in connection with any works the execution of which I may be engaged to superintend or on which I may be employed under any other person or with any other professional business which may be entrusted to me
- I will abstain from seeking employment or soliciting clients by means of concessions, commissions or deduction of fees and that I will not offer drawings or other services without adequate pecuniary compensation
- I have read *The Act* and the Bylaws of The Saskatchewan Association of Architects, and will be governed and bound by the said the Act and the Bylaws and by any alteration or amendments thereof which may hereafter be enacted, so long as I remain a member
- I will exercise my best endeavors to advance the interests and objects of the said Saskatchewan Association of Architects

I, _____, do solemnly declare, that the facts set out in the foregoing declaration are true and correct in every particular, AND 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, by virtue of the Canada Evidence Act.

DECLARED this the _____ day of _____, 20____

In the city/town of _____

In the _____ of _____

notary stamp/seal

Notary/Commissioner

Applicant's Signature

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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

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Please carefully complete the checklist to assist you in successfully completing the application. Incomplete submissions will be returned.

- I enclose a completed, signed and notarized application.
- I enclose Proof of Licensure in good standing with one or more NCARB Member Board(s) signatory to the current Agreement. Please use the template letter provided.
- I enclose a letter of declaration attesting to at least 2,000 hours of post-licensure experience. Please use the template letter provided.
- I enclose proof of citizenship or lawful permanent residency in the United States of America (USA or Canada).
- I enclose proof of date of birth
- I enclose payment as detailed on page 4. Fees must be paid in Canadian Funds only.

DATE

NAME
ADDRESS
ADDRESS
ADDRESS
ADDRESS

Dear Sir or Madam:

This is to confirm that [**NAME OF INDIVIDUAL**] was licensed/registered on [**MONTH / DAY / YEAR**] with the [**NAME OF LICENSING AUTHORITY**] and was not licensed by means of a foreign reciprocal registration agreement or a Broadly Experienced Foreign Architect program.

[**NAME OF INDIVIDUAL**] is currently a licensee/registrant in good standing with the [**NAME OF LICENSING AUTHORITY**] and is not currently the subject of disciplinary action by this licensing authority nor has a record of unresolved disciplinary action on file with this licensing authority.

Sincerely,

NAME
Registrar

DECLARATION AND UNDERTAKING
For The
MUTUAL RECOGNITION AGREEMENT
Between The
NATIONAL COUNCIL OF ARCHITECTURAL REGISTRATION BOARDS (NCARB)
And The
CANADIAN ARCHITECTURAL LICENSING AUTHORITIES (CALA)

I, [*NAME*], declare and affirm that:

I am a citizen or hold permanent residency status in [*UNITED STATES or CANADA*];

I am a licensed/registered architect, and currently a licensee/registrant in good standing with the [*NAME OF LICENSING AUTHORITY*] which is my principal place of practice;

I was licensed on [*MONTH / DAY / YEAR*] with the [*NAME OF LICENSING AUTHORITY*] who will separately be confirming that I am in good standing with that Authority, and I did not obtain licensure in that jurisdiction by means of a foreign reciprocal registration agreement or a Broadly Experienced Foreign Architect program.

I have completed a minimum of 2,000 hours of post-licensure experience as an architect engaged in the lawful practice of architecture; and

I meet all of the eligibility requirements of the Mutual Recognition Agreement for reciprocal licensing between NCARB and CALA.

I have had a disciplinary action registered against me by a licensing authority.
(circle one) YES / NO

(The accepting licensing authority has the right to request further details with respect to disciplinary actions)

I affirm that the above statements are accurate and true to the best of my knowledge and belief.

Signature

Date

Name (print)

PAYMENT REMITTANCE FORM

CREDIT ACCOUNT OF:

NAME IN FULL:

(Surname)

(First Name)

(Initial)

HOME ADDRESS:

(Street)

(City)

(Province/State)

(Postal/Zip Code)

TELEPHONE

(Home)

(Business)

EMAIL:

REASON FOR
PAYMENT:

AMOUNT OF PAYMENT:

PAYMENT INFORMATION:

Cheque Visa Mastercard

NAME OF CARDHOLDER:

ACCOUNT #:

EXPIRY DATE:

SIGNATURE OF CARDHOLDER:

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.