



APPLICATION FOR INTERNSHIP IN ARCHITECTURE PROGRAM

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. **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 or facsimile will not be accepted. Application will only be considered if complete and properly declared before a Notary or Commissioner of Oaths, and accompanied by applicable fees.
3. **VERIFICATION OF ITEMS SUBMITTED:** All documentation submitted will be verified.
4. **MENTOR:** A Mentor must be appointed at time of application. The *Mentor Confirmation Form* (included below) must be submitted with the application.
5. **EMPLOYER:** An Employer/Supervising Architect must be in place at time of application. The *Employer Confirmation Form* (included below) must be submitted with the application.
6. **REGISTRATION TERM:** January 1 to December 31, annually. The member shall annually pay the fees of the association by the 1st day of February or will be automatically struck from the register for non-payment of fees. Registration must be maintained through the expiration of the construction warranty period.
7. **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.
8. **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.



APPLICATION FOR INTERNSHIP IN ARCHITECTURE PROGRAM

A. Identification

Please check one Miss Mrs. Ms. Mr.

Name: _____
Surname First Name Middle Name

Residence Address: _____
Street

_____ City Province Postal Code

Phone: _____ Email: _____

Date of Birth: _____ (provide proof)

B. Education

1. I am a graduate of: _____ in _____
Name of School or Department of Architecture (university) or RIAC Syllabus Country

With the degree/diploma _____ in _____
Date Received

2. Canadian Architectural Certification Board (CACB) Certificate Number: _____

C. Employer

Firm Name: _____

Address: _____
Street Suite No.

_____ City Province Postal Code

D. Mentor

Name: _____

Firm Name: _____

Address: _____
Street Suite No.

_____ City Province Postal Code

E. History

1. If you have previously been enrolled or are currently enrolled in an Intern Architect Program or held any type of associate status with a jurisdiction, please identify.

2. If you have ever held a licence as an architect in any jurisdiction, please identify the jurisdiction(s), Licence Number(s), date(s) licenced and whether you still hold a licence with any of these jurisdictions (attach supplementary sheets).

Signature of applicant

Date



APPLICATION FOR INTERNSHIP IN ARCHITECTURE PROGRAM

Declaration

I hereby make application to the Council of the Saskatchewan Association of Architects under *The Architects Act*, as an Intern Architect Member, and as defined in the bylaws of the 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 _____

Province/State

notary stamp/seal

Notary/Commissioner

Applicant's Signature



APPLICATION FOR INTERNSHIP IN ARCHITECTURE PROGRAM

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 a photocopy of my degree(s).
- I enclose a photocopy of my CACB Certificate.
- I enclose a completed Mentor Confirmation Form.
- I enclose a completed Employer, Principal Architect Confirmation Form.
- I enclose fees in Canadian funds.



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 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.



**APPLICATION FOR INTERNSHIP IN ARCHITECTURE PROGRAM
MENTOR CONFIRMATION FORM**

Name of Applicant (please print)

Date of Application

Dear SAA Council:

In am pleased to act as Mentor to the above noted Intern applicant for the period of pre-registration and shall endeavour to act as professional advisor conducting reviews and assessments of the practical experience and generally in assisting the Intern in preparing for registration in accordance with the Internship in Architecture Program guidelines.

I understand that at an absolute minimum, I must meet with the Intern prior to the submission of each section of the Canadian Experience Record Book (CERB) when the Intern has accumulated 900 – 1000 hours (approximately 6 months) of architectural experience, or at each change of employment. I further understand that this minimum is not ideal and that regular contact between submissions will offer the greatest opportunity for the Mentor to assist the Intern and exert a positive influence on his/her development as an Architect.

Name of Mentor (please print)

Signature

Date



**APPLICATION FOR INTERNSHIP IN ARCHITECTURE PROGRAM
EMPLOYER, PRINCIPAL ARCHITECT CONFIRMATION FORM**

Name of Applicant/Intern (please print)

Date

Employer:

Employer Address:

Dear SAA Council:

I confirm that the above noted Applicant/Intern is employed at the above location and that the employer shall endeavour to provide the required pre-registration experience in accordance with the Internship in Architecture Program guidelines.

As a Principal with the firm and the Supervising Architect of the Intern, I understand that I play a crucial role in the Intern's career, not only by providing encouragement, direction and constructive advice, but also by facilitating the transition between architectural education and practice and providing the practical architectural experience required for registration. I am familiar with the Intern in Architecture Program's (IAP) objectives and experience requirements, and its documentation processes.

I declare that as the Supervising Architect that I am a Principal within the architectural practice or place of employment who personally supervises and directs the Intern on a daily basis. I will assess the quality of work performed and regularly certify the Intern's documented architectural experience prior to submission of each section of the Canadian Experience Record Book (CERB).

Name of Principal, Supervising Architect (please print)

Signature

Date