***This form must be included as the first document of the dossier.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Full legal name:** | | | |
| Address: | | Telephone | XXX-XXX-XXXX |
|  | |  |  |
|  | | Email | xxxxxxx@xxx.xxx |
|  | | Website | www.xxxxxxx.xxx |
|  |  |  |  |
|  | **Professional Qualifications** (*Please include all active and inactive licenses)* | | |
| Date  *(mm/dd/yyyy)* | Qualification (e.g., Architect, Maryland) in bullet form (one line per item with corresponding date in left-hand column; use return for additional lines as necessary) | | |
|  |  | | |
|  | **Post-Secondary Education** (*Please include all relevant degrees*) | | |
| Date  *(mm/dd/yyyy)* | Degree (e.g., Bachelor of Science in Architecture), discipline (e.g., Architecture), and institution (e.g., University of Maryland) in bullet form (one line per item with corresponding date in left-hand column; use return for additional lines as necessary) | | |
|  |  | | |
|  | **Professional Experience** | | |
| Date  *(mm/dd/yyyy)* | Position (e.g., Director), department (e.g., Design Department), company (e.g., Block Design), company location, including country (e.g., Cincinatti, OH), responsibilities (e.g., project management including client contract negotiation, programming, design development to construction document preparation and issuance and construction contract administration for healthcare division proejcts) in bullet form (one line per item with corresponding date in left-hand column; use return for additional lines as necessary) | | |
|  |  | | |
|  | **Professional Affiliations** (*Limit the use of acronyms and abbreviations*) | | |
| Date  *(mm/dd/yyyy)* | Professional affiliations (e.g., Member, American Institute of Architects) in bullet form (one line per item with corresponding date in left-hand column; use return for additional lines as necessary) | | |
|  |  | | |
|  | **Other Relevant Credentials and Qualifications** | | |
| Date  *(mm/dd/yyyy)* | Other in bullet form (one line per item with corresponding date in left-hand column; use return for additional lines as necessary) | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | |
| Full Legal Name: | | | | | |
| NCARB # |  | Canadian  Lic/Reg # |  | CONARC # |  |

**Provide the following information for each project included in your dossier:**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Number | Project Title | Location | Licensee Jurisdiction\* |
| Project 1 |  |  |  |
| Project 2 |  |  |  |
| Project 3 |  |  |  |
| Project 4 |  |  |  |
| Project 5 |  |  |  |
| Project 6 |  |  |  |
| Project 7 |  |  |  |
| Project 8 |  |  |  |
| Project 9 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For each project, if you were not the Architect of Record, include the following information: | | | | |
| Project Number | Architect of Record | License Number | Jurisdiction | Applicant’s Role in Project |
| Project 1 |  |  |  |  |
| Project 2 |  |  |  |  |
| Project 3 |  |  |  |  |
| Project 4 |  |  |  |  |
| Project 5 |  |  |  |  |
| Project 6 |  |  |  |  |
| Project 7 |  |  |  |  |
| Project 8 |  |  |  |  |
| Project 9 |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| I hereby certify that all information provided herein is complete and correct to the best of my knowledge. | | |
|  |  |  |
| Signature |  | Date (mm/dd/yyyy) |

***This form must be completed and signed by the Architect of Record for each project in which you were not the Architect of Record, then combined and submitted with the resume form as part of the dossier.***

Canada/Mexico/U.S. Tri-National Mutual Recognition Agreement

Attestation for Architect of Record’s Involvement

**Project Information:**

Project Name

Project Location

**Architect of Record Information:**  
Name

Email

License Number

License Issue Date

License Expiration Date

Country or Jurisdiction Where License/Registration Is Valid

**Applicant Information:**  
Name

Role in Project  
  
I, **[Architect of Record’s Full Name]**, in my role as Architect of Record in the project mentioned above, hereby submit this letter as an official document attesting that **[Applicant’s Full Name]** worked under my supervision and fulfilled their role listed above, with substantial involvement in the competencies demonstrated in their dossier of work.

I confirm that:  
*[check all that apply]*

I was the Architect of Record for the project listed above and submitted in the   
applicant’s dossier.

The description of the applicant’s involvement/role in the project included in the dossier   
is accurate.

I have reviewed the dossier project submission and attest to the accuracy of this information.

I affirm that the above statements are accurate and true to the best of my knowledge and belief and understand that providing false information can result in the applicant’s disqualification from the program or revoking of their license/registration or certification.

[Architect of Record Signature]

[Date]