ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

Application for Enrolment

Broadly Experienced Applicant (BEA) Program

Include this checklist with your application. Retain copies of the application documents for your records.

Date this application was emailed to registration@aibc.ca: _____

Checklist:

- ☐ Completed and signed application form.
- ☐ Scan of valid (non-expired), government-issued photo identification (Canadian ID Preferred).
- ☐ At least two Nomination Forms completed by Architects who provided Direct Supervision.
- ☐ Two to five Project Record Forms.
- ☐ Copy of current resume demonstrating that you have met the experience requirements in 2.3 of Schedule K: Broadly Experienced Applicant Program Requirements, found in the AIBC Bylaws (PDF)
  - The resume must demonstrate fifteen years of architectural experience in Canada in the past 25 years, with at least 10 years of experience in British Columbia, gained under supervision of Architect(s) in an Architectural Firm(s). The five most recent years of experience must have been obtained in British Columbia.
  - For each position, the resume must include:
    - Firm Name
    - Province of the Firm
    - Job Title
    - Name of the Supervising Architect(s)
    - Start and End Dates Specified by the Month and Year
  - Please make note of any experience that was completed on a contract basis or as a consultant.

Submission Information:

1. Submit your complete application, attachments, and this checklist by email to registration@aibc.ca
   - Incomplete applications will be destroyed after three months of inactivity.
2. Once your application is approved you will be emailed an invoice with payment instructions.
   - For applicable fees, refer to Schedule B: Fees, found in the AIBC Bylaws.

Application for Enrolment

IDENTIFICATION (please type or print)

FULL LEGAL NAME: _____
(first name) (middle name) (last name)

PREFERRED NAME: _____

HOME ADDRESS: _____
(unit) (street address)

_____
(city) (province) (postal code) (country)

BUSINESS ADDRESS: _____
(firm name)

_____
(unit) (street address)

_____
(city) (province) (postal code) (country)

PREFERRED MAILING ADDRESS: Home ☐ Business ☐

PERSONAL PHONE: _____ **BUSINESS PHONE:** _____

PREFERRED PHONE NUMBER: Personal ☐ Business ☐

PERSONAL EMAIL: _____

BUSINESS EMAIL: _____

PREFERRED EMAIL ADDRESS: Personal ☐ Business ☐

GENDER: Woman ☐ Man ☐ Non-Binary ☐ Prefer not to Respond ☐

DATE OF BIRTH (MM/DD/YYYY): _____

LANGUAGES: English ☐ French ☐

Other(s): _____

POST-SECONDARY EDUCATION

List your Architecture related post-secondary programs. Use supplementary sheet as necessary. The eligibility to enroll in the BEA program does not require enrolment or completion of an architectural program of study. This section is collected for information only.

Name of School	Credential Received (E.g. M.Arch or Architectural Technology Certificate)	Graduation Year

CACB # (if applicable): _____ **NCARB # (if applicable):** _____

LICENCE HISTORY

Starting with recent registration, list the jurisdiction(s), including British Columbia, in which you currently hold, or have previously held, registration with an architectural regulator. Use a supplementary sheet as necessary.

Jurisdiction	Licence No.	Date Issued	Date Resigned/Cancelled (if applicable)	Reason for Resignation/Cancellation (if applicable)

Signature

Full Legal Name of Applicant: _____ **Date:** _____

Signature of Applicant: _____

COLLECTION NOTICE

The information on this form is collected under the authority of AIBC Bylaws under the Professional Governance Act, S.B.C. 2018, c. 47. The information will be used to process your application and update the AIBC's records on the status of its applicants and Registrants. If you have questions about the collection and use of this information, please contact the AIBC's Registration & Licensing department by phone at 604.683.8588 or by email at registration@aibc.ca. As a public body under the provisions of the Freedom of Information and Protection of Privacy Act, the AIBC provides security and confidentiality of your personal information.