



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

Internship in Architecture Program (IAP) Application

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

Date this application was emailed to iap@aibc.ca:

Checklist:

- Completed and Signed Application Form
- [Photo Identification Form](#)
- Copy of Certification from the Canadian Architectural Certification Board (CACB) (not required if applying for reinstatement)
- Copy of Undergraduate Diploma or Syllabus of Studies in Architecture (not required if applying for reinstatement)
- Copy of Graduate Diploma in Architecture (not required if applying for reinstatement)
- [Confirmation of Mentor Letter](#)
- [Confirmation of Employment Letter](#) (required if employed)
- [Supervising Architect Undertaking](#) (required if employed)

Note: Employment is **not required** for enrolment.

Submission Information:

1. Submit your complete application, attachments, and this checklist **by email** to iap@aibc.ca.
 - You do not need to mail your hard copy application.
 - 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](#).
3. Processing will take up to approximately **five weeks** from the date of receipt of your complete application package by email. Applications are reviewed once a month by the Credentials Committee. The schedule for estimated approval dates can be found on the [AIBC website](#).

Internship in Architecture Program (IAP) Application

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 post-secondary programs related to architecture. Use a supplementary sheet if necessary.

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

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

REGISTRATION HISTORY

Jurisdiction of initial intern architect registration (if applicable):

Are you applying for reinstatement with the AIBC? Yes No

Starting with recent registration, list the jurisdiction(s), including British Columbia, in which you currently hold, or have previously held, registration as an intern architect, architectural technologist, or architect.

Jurisdiction	Registration Type/Category	Date Registered	Date Resigned/Cancelled (if applicable)	Reason for Resignation/Cancellation (if applicable)

GOOD CHARACTER ASSESSMENT

A response is required for both questions even if you have not been previously registered in any jurisdictions. Select Yes/No as applicable.

Yes No

1. Was your conduct or competence under review in any of your former jurisdictions of registration at the time of your resignation or cancellation of registration?
2. Have you ever been found guilty, or currently subject to any proceeding, concerning professional misconduct or incompetence?

SUPERVISING ARCHITECT

NAME: _____

EMAIL: _____ PHONE: _____

FIRM NAME _____

FIRM ADDRESS: _____

(unit) (street address)

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

MENTOR

NAME: _____

EMAIL: _____ PHONE: _____

FIRM NAME _____

FIRM ADDRESS: _____

(unit) (street address)

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

SIGNATURE

Signature of Applicant*

Date

***By typing my name into the signature field, I agree that my electronic signature is the legally binding equivalent, and has the same meaning, as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.**

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.