



Nomination Form

Broadly Experienced Applicant (BEA) Program

This form is to be completed by a person who is/was registered as an Architect with AIBC or another Canadian jurisdiction while providing **Direct Supervision** to the Applicant.

Direct Supervision

“Direct Supervision” is defined in the [AIBC Bylaws](#) as “supervision by an Architect of the Regulated Practice by a non-Architect”. For the purpose of this form, this means work in Regulated Practice completed by the applicant under your Direct Supervision. Supervision is further defined in [Schedule A: Code of Ethics and Professional Conduct \(category 6.0\)](#), found in the AIBC Bylaws. The supervision contemplated as necessary for enrolment in the BEA program includes the following components:

- Knowledge and involvement with all stages of the Projects the Applicant worked on, including diligent oversight of their work.
- Provided the necessary level of review, oversight, direction, correction, and communication with non-Architects when providing Direct Supervision.
- This Professional Standard requires oversight, care, control, and supervision, but not necessarily physical presence by an Architect.

Only Supervising Architects who have provided Direct Supervision to Applicants are eligible to complete this form. The Direct Supervision should have occurred in the same architectural firm where both the Architect and the Applicant were employed (or under contract).

Did you provide Direct Supervision to the candidate while they were employed at the firm?

Yes

No

If your working relationship with the Applicant did not meet all the requirements described above, or if you only provided Direct Supervision for a portion of the time indicated at the beginning of the letter, describe your working relationship and/or the length of time you have supervised the applicant in the box below. If N/A, please leave it blank.

Confirmation

I, _____, (Architect AIBC/Architect registered in another Canadian jurisdiction) nominate _____ (applicant name) for enrolment into the Broadly Experienced Applicant (BEA) program as a pathway for registration as an Architect in British Columbia. I confirm that I worked with the Applicant at _____ (firm name) practising in _____ (Canadian jurisdiction of firm registration) over the following period: _____ (start to end year).
Canadian jurisdiction of registration if not in British Columbia:

Signature

Name:

Signature: _____

Date:

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.