
Appendix F

CERB All Forms

Canadian Experience Record Book: Experience Summary Form (CERB)

INTERN IDENTIFICATION

Surname _____ First Name _____ Middle Name(s) _____

Address: _____ Suite No. _____ City: _____

Province/State/Territory _____ Country: _____ Postal/Zip Code: _____

Phone Number: _____

EMPLOYER IDENTIFICATION

Practice Name: _____

Address: _____ Suite No. _____ City: _____

Country: _____ Province/State/Territory _____ Postal/Zip Code: _____

Phone Number: _____ Email: _____

Nature of Employer's Activities: _____

Experience Supervisor: _____ Position: _____

MENTOR IDENTIFICATION

Surname _____ First Name _____ Res. Telephone _____

Name of Practice _____ Bus. Telephone _____

EXPERIENCE PERIOD:

	Day	Month	Year
From			
To			

Please check appropriate box:

Full-time Experience

Part-time Experience

For association use only

Received by: _____ Date: _____

Reviewed by: _____ Date: _____

Steps to follow:

The experience Summary Form is to be submitted for each **900** to **1000** hours of work experience or for each change of employment. Complete this form either by printing neatly in ink or electronically.

Ensure that **all pages** of the form are initialled by your Supervising Architect.

Ensure all **changes** or **whiteouts** are initialled by your Supervising Architect.

Ensure that all **additional pages annexed** to this form are also signed by your Supervising Architect.

Ensure that all Declarations are signed and dated.

Submit a **hard copy** of the form bearing original signatures to your CALA jurisdiction for review

Retain a copy of this form for your records.

Role of Intern: The Intern must identify their specific activities for each project identified on page 4 Summary of Project(s). (Submit additional pages, if required)

Project(s):

Summary of Projects (Add additional sheets if more than 10 projects in this period)

Project Type: New Construction, Additions, Renovations, etc. Occupancy: Assembly, Institutional, Industrial, Residential, Commercial.

1. Project Name _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storeys: _____

2. Project Name _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of storeys: _____

3. Project Name _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of storeys: _____

4. Project Name _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of storeys: _____

5. Project Name _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of storeys: _____

6. Project Name _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of storeys: _____

7. Project Name _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of storeys: _____

8. Project Name _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of storeys: _____

9. Project Name _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of storeys: _____

10. Project Name _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of storeys: _____

Summary of Experience

Record the total hours carried out on projects described on Page 3.

Design & Construction Documents

[illegible]

* may occur in multiple phases of a project

B Construction Administration

[illegible]

C Management

[illegible]

Total Hours of Each Project

[illegible]

Intern Declaration

I declare that the enclosed information is an accurate record of my architectural experience.

Name (please print)

Signature

Date

Comments and Declarations

Comments by Employer

1. Comment on the level of responsibility and involvement requested of the Intern and relative level taken and performed by the Intern.

2. Comment on the overall attitude/philosophy/professional goals of the Intern as you perceive them.

3. Your recommendations for the next (6) months experience.

4. Comment on the extent to which the Intern has been exposed to the activities as outlined for each of the categories in which experience has been obtained.

Supervising Architect Declaration

I declare that the preceding information is an accurate summary of the Intern's architectural experience.

Name (please print)

Signature

Date

Mentor Declaration

I declare that I have met with the Intern in accordance with IAP.

Name (please print)

Signature

Date