



ARCHITECTURE
Report of Supervised Practical Experience

Applicant Section: This form must be completed by every employer where you gained your supervised practical experience. **Note: This form is not required if you hold a NCARB Certification.**

First Name	MI	Last Name

Employer's Name & Address:	Employer Name	
	P.O. Box Street/Apt #	
	City/State/Zip	

Employment Information				
Date Employment Began (mm/dd/yy)	Date Employment Ended (mm/dd/yy)	Total Period of Employment		Full Time (FT) or Part Time (PT) <i>(If part time indicate average hours per week)</i>
		Years	Months	

PART I. DESIGN AND CONSTRUCTION DOCUMENTS:

- A. Estimated Number of Months of practical experience in this area: _____ Months**
- B. Indicate in each box below the estimated percentage of time obtaining experience in the specific area. Percentages must total 100%**

	Environmental Analysis		Project Management		Client Exposure		Materials Research
	Consultant Coordination		Code Analysis		Programming		Cost Analysis
	Schematic Design		Design Development		Working Drawings		Quality Control
	Agency Interface		Document Coordination		Specification Preparation		Shop Drawing Review

PART II. CONSTRUCTION ADMINISTRATION:

- A. Estimated Number of Months of practical experience in this area: _____ Months**
- B. Indicate in each box below the estimated percentage of time obtaining experience in the specific area. Percentages must total 100%**

	Bidding Procedures		On Site Observation		Dispute Resolution		Progress Meetings
	Schedule of Values Review		Time Schedule Review		Change Order Prep.		Payment Requisitions Review
	Punchlist Preparation		Project Close Out				

PART III. OFFICE MANAGEMENT:

A. Estimated Number of Months of practical experience in this area: _____ Months

B. Indicate in each box below the estimated percentage of time obtaining experience in the specific area. Percentages must total 100%)

	Management Procedures		Contracts-Architect		Contracts-Consultants		Proposal Development
	Time/Cost Budgeting						

PART IV. OTHER EXPERIENCE:

If you have gained related professional experience which is not described above, please provide a brief description of the experienced earned on a separate sheet, and indicate the number of months in which this experience occurred.

To be completed by Employer only:

First Name (Printed)	MI	Last Name & Title (Jr., Sr., II, III, etc.)	Circle One:
			Mr. Mrs. Ms.

List every state in which you now hold a license to practice architecture.			
State	Date of Initial License	Current Status	Date Expires(d)

Statement of Employer

I certify that the above statements made by the applicant in this document are true and accurate to the best of my knowledge, and that they are not made for the purpose of aiding an unqualified applicant to become licensed, but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Signature of Employer: _____

Date: _____