



**Secretary of State
Office of Professional Regulation**

**ARCHITECT
Architect Employer Reference Forms**

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: _____