

OAA Exemption Request to Council

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416-449-6898 oaa.on.ca

Licence: Architect

| lame in Full: | ease print) | | | | |
|--|--------------------------|--------------------|---------|------|-----------------|
| ianio in i ani. | Family Name | Given Name | ; | | Middle Name(s |
| Residence address: | Street | | | Unit | |
| | City | Province/Territory | Country | | Postal code |
| Contact Information: | Telephone | | Email | | |
| BACKGROUND INFO Please complete all that a CADEMIC QUALIFICATION | pply; indicate "N/A' | ' otherwise. | | | |
| Degree/Diploma: | | | | | |
| Institution: | | | | | |
| Country: | | | | | |
| Years attended: | | | | | |
| Was the program accre | edited in its jurisdicti | on? | | | |
| ☐ Yes | | □ No | | | Unsure |
| ROFESSIONAL EXAMIN | NATIONS | | | | |
| Name of examination: | | | | | |
| Jurisdiction: | | | | | |
| Date(s) written: | | | | | |
| Result? | ☐ Pass | ☐ Fail | | | Awaiting Result |
| Add additional entries i | if needed: | | | | |
| | | | | | |

ARCHITECTURAL EXPERIENCE

| Total years of architecture of | • | | | | | |
|--|--|--|---------------------------------|---------------------------|---------------------------------|---------|
| Dates of Experience: Where an exemption the OAA's Experience consideration. The present t | is sought from the e e Requirements Cor | experience requir <u>nmittee</u> (ERC), v | ement, the app which makes a | olicant's exp recommen | ndation to <u>Council</u> for l | ssed by |
| OFESSIONAL REGIS | STRATION | | | | | |
| Regulatory body: | | · | | | | |
| Jurisdiction: | | | | | | |
| Status: | ☐ Active | ☐ Expired | ☐ Laps | ed [| Other | |
| Date Held: | From: | | | To: | | ···· |
| Add additional entrie | s if needed: | | | | | |
| | | | | | | |
| | | | | | | |
| HER RELEVANT CR | FDFNTIALS | | | | | |
| | | | | | | |
| Credential or Designal Issuing Organization | | | | | | |
| Status: | | | Expired | | Other | |
| Date Held: | _ | | · | | | |
| Add additional entrie | | | | | | |
| | | | | | | |
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| C. | EXEMPTIONS REQUESTED Check all the boxes that require an exemption. | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| | Academic | Requirements | | | | | | |
| | | A <u>degree in architecture</u> from a post-secondary institution or successful completion of the Royal Architectural Institute of Canada (<u>RAIC</u>) <u>Syllabus</u> program; | | | | | | |
| | | Certification issued by the Canadian Architectural Certification Board (CACB); and | | | | | | |
| | | Successful completion of the OAA Admission Course. | | | | | | |
| | Experience Requirements | | | | | | | |
| | | At least 3,720 hours of experience, under the personal supervision and direction of a person authorized to practise architecture in the jurisdiction in which the experience is obtained, that meets the requirements of the Internship in Architecture Program (IAP) published by the Association. | | | | | | |
| | | At least 940 hours of the above experience completed within the three years before the date of application for licence. | | | | | | |
| | _ | Successful completion of the Council-approved courses specified in the IAP published by the Association where fewer than 940 of the total required hours of experience were completed in Canada. | | | | | | |
| | | Completion of an experience assessment provided by the Association. | | | | | | |
| | Examinat | ion Requirements | | | | | | |
| | | Successful completion one of the following: | | | | | | |
| | | the <u>Examination for Architects in Canada (ExAC)</u> published by the Association; | | | | | | |
| | | the Architect Registration Examination (ARE) of the U.S. National Council of Architectural Registration Boards (NCARB); or | | | | | | |
| | | any combination of the components of the ExAC and the ARE that, considered as a whole, is equivalent to one of those examinations, as approved by the Council. | | | | | | |
| Prior to submitting an Exemption Request to Council, applicants should contact licence@oaa.on.ca to receive information regarding the statutory framework for exemption requests, the submission guidelines and procedures. | | | | | | | | |
| DE | CLARAT | TION | | | | | | |
| | | information provided in this request form is complete and accurate to the best of my knowledge. I authorize the documents submitted in support of this exemption request. | | | | | | |
| Sig | ınature | Date | | | | | | |
| Ple | ase retain | a copy of this form and all attachments for your records. | | | | | | |