



Submit ERB for each 1000 hours worked and for each change of employer.

Steps to Follow – Carefully read all instructions.

- Complete this form either by printing neatly in ink or electronically.
- Ensure that Experience Supervisor initials all pages of the form and each change or correction, including each additional page added to this report.
- Ensure that all Declarations are signed and dated.
- Retain a copy of this report for your records.
- Experience Record Book forms that have been altered in any way will not be accepted.

MEMBER IDENTIFICATION

*
Surname _____ First Name _____ Middle Name(s) _____
*
No. and Street _____ Suite No. _____
*
City _____ Province/State/Territory _____ Country _____
*
Postal/Zip Code _____ Res. Tel. _____ Bus. Tel. _____
*
Res. E-mail _____ Bus. E-mail _____

EMPLOYER IDENTIFICATION

*
Name of Practice _____
*
Street _____ Suite No. _____
*
City _____ Province/State _____ Country _____
*
Postal/Zip Code _____ Bus. Tel. _____
*
Nature of Practice's Activities _____
*
Name of Experience Supervisor _____ Position _____
*
Professional Affiliation _____ OAA Licence No. _____
*
Bus. E-mail _____

MENTOR IDENTIFICATION

*
Surname _____ First Name _____ Bus. Tel. _____
*
Name of Practice _____ Email _____

Association Use Only

Received by: _____
Date: _____
Reviewed by: _____
Date: _____

Experience Period

(Dates must be filled in)
From _____ To _____
DD MM YYYY

Experience Supervisor's Initials

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

Project(s)

Summary of Experience

Record the total hours carried out on projects described on Page 4

		1	2	3	4	5	6	7	8	9	10	Total
A	Design/Contract Documents											
1	Programming											
2	Site and Environmental Analysis											
3	Schematic Design											
4	Engineering Systems Coordinator											
5	Building Cost Analysis											
6	Code Research											
7	Design Development											
8	Construction Documents											
9	Specifications and Materials Research											
10	Document Checking and Coordination											
	Subtotal											
B	Construction Administration											
11	Bidding and Contract Negotiation											
12	Construction Phase – Office											
13	Construction Phase – Site											
	Subtotal											
C	Management											
14	Project Management											
15	Office Management											
	Subtotal											
Total Hours Each Project		1	2	3	4	5	6	7	8	9	10	

Intern Declaration: I declare that the enclosed information is an accurate record of my experience.

 Name Signature Date

**Experience Supervisor's
Initials**

Summary of Projects

Project Type: new work, additions, renovation, interior design, master planning, etc. Occupancy Type: assembly, institutional, residential, commercial, etc.

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: _____

Experience Supervisor's Initials

1 Comment on the level of responsibility and involvement requested of the Intern Technologist/Student Technologist

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

3 Your recommendations for the next (6) months experience. **Not applicable for Retroactive Submissions.**

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

Experience Supervisor's Declaration:

I declare that the preceding information is an accurate summary of the Intern Technologist/Student Technologist's work experience.

Supervisor Name *(please print)*

Supervisor's Signature

Date

Mentor Declaration:

I declare that I have met with the Intern Technologist/Student Technologist in accordance with the OAA Technology Program.

Mentor Name *(please print)*

Mentor's Signature

Date