

EMPLOYMENT VERIFICATION FORM (EVF)

INSTRUCTIONS

<u>Reciprocity Candidates</u>	<u>Initial Licensure Candidates</u>
<ul style="list-style-type: none"> • <u>A reciprocity candidate is defined as an individual licensed as an architect in another U.S. or foreign jurisdiction and seeking an architect license in California.</u> • <u>Do not complete this form if you have requested transmittal of your NCARB* Certificate to California.</u> • <u>U.S. architects with less than three years of licensure must have their NCARB Certificate transmitted to the Board as proof of Architect Experience Program (AXP) completion.</u> • <u>Eight (8) full-time (at 40 hours per week) years of training (work) and educational experience is required for California Supplemental Examination (CSE) eligibility.</u> • <u>All EVFs must contain the original signature of the employer. Copies, rubber stamps, or other reproductions of the signature will not be accepted. In addition, forms containing strikeouts or corrections will not be accepted.</u> 	<ul style="list-style-type: none"> • <u>An initial licensure candidate is defined as an individual who is seeking their first license as an architect.</u> • <u>Do not fill out this form if any of the following apply:</u> <ul style="list-style-type: none"> ▪ <u>You earned a degree from an NAAB* program</u> ▪ <u>Earned a degree from a CACB* program</u> ▪ <u>Have an approved NAAB-EESA*</u> • <u>All others must submit this form to document training (work) experience under the direct supervision of a licensed architect. Work experience not performed under the direct supervision of a licensed architect will not be considered for Architect Registration Examination (ARE) eligibility.</u> • <u>Work experience submitted to NCARB for AXP credit cannot also be submitted to the Board for ARE eligibility.</u>

PROJECT LIST REQUIREMENT—SUBMITTING WORK EXPERIENCE FOR YOURSELF

If you are submitting work experience for yourself as a licensed individual, you must include a project list. The project list must be presented in a table that includes all of the following:

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|---|---|
| <ul style="list-style-type: none"> • <u>Name(s) and Address(es) of the Client(s)</u> • <u>Type of Project(s)</u> • <u>Construction Cost(s)</u> | <ul style="list-style-type: none"> • <u>Start Date of Project(s)</u> • <u>Completion Date of Project(s)</u> • <u>All Services Provided</u> |
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LIMITS ON TRAINING EXPERIENCE

Verifiable experience from licensed foreign architects in a qualifying foreign country (listed on the CAB* website) may be granted training experience at 50% credit. A maximum of one year may be granted for work experience under a California general building contractor or certified California building official. A candidate will not receive more than two years total at 50% credit in any combination under a licensed/registered civil or structural engineer, licensed/registered landscape architect, California general building contractor, or certified California building official. (See 16 CCR Section 117).

REASONS FOR REJECTION OR ZERO CREDIT

If any of the following situations apply, the form will be rejected or granted zero credit:

1. Providing false information
2. Strikeouts or corrections
3. No original signature
4. Work performed under or as an:
 - independent contractor
 - architect in a nonqualifying foreign country
 - unlicensed individual or nonqualifying licensed individual

COMPLETION AND SUBMISSION OF FORM

Note to Candidate: A candidate must complete Section 1 of this form prior to submission of it to their supervisor for completion. The original, completed form must be sent by mail to the California Architects Board's address, which is located at the top of page 1, please indicate Attn: Licensing Unit.

Note to Supervisors completing Section 2: This candidate is applying for authorization to take the ARE in California. In order to qualify, the applicant is required to provide proof of completion of required work experience in performing architectural duties (see Business and Professions Code (BPC) section 5500.1). Please provide below any work-related experience performing architectural duties that the applicant performed at your firm or business as specified below and sign as indicated below.

***ACRONYMS USED IN EVF INSTRUCTIONS AND FORM:**

NCARB stands for the National Council of Architectural Registration Boards

NAAB stands for National Architectural Accrediting Board

CACB stands for Canadian Architectural Certification Board

NAAB-EESA stands for National Architectural Accrediting Board – Education Evaluation Services for Architects

CAB stands for the California Architects Board

EMPLOYMENT VERIFICATION FORM

SECTION 1—TO BE COMPLETED BY THE LICENSURE CANDIDATE

<u>NCARB Record:</u>	<u>CAB (Candidate) ID:</u>	<u>Birthdate (Month/Day/Year):</u> / /
<u>Last Name (Include suffix):</u>	<u>First Name:</u>	<u>M.I.:</u>
<u>Telephone Number:</u>	<u>Email Address:</u>	

Check this box if the information below is a change of address

<u>Address:</u>		
<u>City/Town:</u>	<u>State/Province:</u>	<u>Postal (Zip) Code:</u>
<u>Country (Leave Blank if U.S.A.):</u>		

SECTION 2—TO BE COMPLETED BY THE SUPERVISOR

Please verify the employment for the individual named in Section 1. If more than three entries are needed to cover employment experience, use additional Employment Verification Forms.

Employment Information

The above-named individual in Section 1 performed architectural duties (see BPC section 5500.1) for the following period(s) and worked as indicated:

an employee under my direct supervision an independent contractor

<u>Start Date (Month/Day/Year):</u> / /	<u>End Date (Month/Day/Year):</u> / /	<u>Average Hours Per Week:</u>
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an employee under my direct supervision an independent contractor

<u>Start Date (Month/Day/Year):</u> / /	<u>End Date (Month/Day/Year):</u> / /	<u>Average Hours Per Week:</u>
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an employee under my direct supervision an independent contractor

<u>Start Date (Month/Day/Year):</u> / /	<u>End Date (Month/Day/Year):</u> / /	<u>Average Hours Per Week:</u>
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Licensee Supervisor's Information

I am licensed/registered as (include the jurisdiction where you are licensed):

- Architect in a U.S. Jurisdiction
- Architect in a Qualifying Foreign Country
- California General Building Contractor
- Civil Engineer in a U.S. Jurisdiction

- Landscape Architect in a U.S. Jurisdiction
- Structural Engineer in a U.S. Jurisdiction

Jurisdiction (e.g., state) Where Licensed:

<u>Issued Date (Month/Day/Year):</u> / /	<u>Expiration Date (Month/Day/Year):</u> / /	<u>License Number:</u>
<u>Last Name (Include suffix):</u>	<u>First Name:</u>	<u>M.I.:</u>
<u>Name of Firm/Business:</u>		
<u>Address:</u>		
<u>City/Town:</u>	<u>State/Province:</u>	<u>Postal (Zip) Code:</u>
<u>Country (Leave Blank if U.S.A.):</u>		

NOTE TO SUPERVISOR COMPLETING THIS FORM: PRIOR TO SIGNING THIS FORM, REVIEW ALL INFORMATION IN THE INSTRUCTIONS AND ON THIS FORM.

I declare under penalty of perjury under the laws of the State of California that all my representations on Section 2 of this form are true and correct.

Signature

Date