

**Board for Architects, Professional Engineers, Land Surveyors,  
 Certified Interior Designers and Landscape Architects  
 ARCHITECT - EXPERIENCE VERIFICATION FORM**

**Instructions**

*Applicant:* Complete items #1 through #12, then forward this form to the firm named in question #4.  
*Verifier:* Complete items #13 through #26. Enclose the form and one copy in a sealed envelope with your signature across the sealed flap. Return it to the applicant for inclusion in their application package, or mail it directly to the Board at the address listed above. Your prompt response is appreciated.

- Applicant's Name \_\_\_\_\_  
 Last First Middle Generation
- Provide **one** of the following identification numbers.  
 Social Security Number or  Virginia DMV Control Number \*  -  -   
 \* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.
- Mailing Address \_\_\_\_\_  
 City State Zip Code
- Employer (firm where experience was obtained) \_\_\_\_\_
- Employer's Mailing Address \_\_\_\_\_  
 City State Zip Code

6. DATES OF EMPLOYMENT			7. LENGTH OF TIME		8. STATUS (check one)				9. INDICATE % OF TIME SPENT IN EACH PRACTICE CATEGORY (IDP applicants must complete IDP training report instead of this form.)																
FROM			TO			FULL-TIME ✓	PART-TIME (Less than 35 hours per week) HOURS PER WEEK	PARTNER	CORP. DIRECTOR	EMPLOYEE	OTHER (EXPLAIN)	PROGRAMMING	SITE & ENVIRONMENTAL ANALYSIS	SCHEMATIC DESIGN	CONSTRUCTION COST ANALYSIS	CODE RESEARCH	DESIGN DEVELOPMENT	CONSTRUCTION DOCUMENTS	SPECS & MATERIALS RESEARCH	DOC. CHECKING & COORDINATION	BIDDING PROCEDURES	CONSTRUCTION PHASE - OFFICE	CONSTRUCTION PHASE - OBSERVATION	PROJECT MANAGEMENT	OFFICE MANAGEMENT
MM	DD	YY	MM	DD	YY																				
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															

- Check **all** services performed by the firm:
 

<input type="checkbox"/> Architecture	<input type="checkbox"/> Planning	<input type="checkbox"/> Military/Government Design Facility
<input type="checkbox"/> Engineering	<input type="checkbox"/> Interior Design/Contract Interiors	<input type="checkbox"/> Corporate Facilities Development
<input type="checkbox"/> Real Estate Development	<input type="checkbox"/> Construction Management	<input type="checkbox"/> Other _____
- Indicate your supervisor's position within the firm:
 

<input type="checkbox"/> Registered Architect	<input type="checkbox"/> Landscape Architect	<input type="checkbox"/> Planner
<input type="checkbox"/> Professional Engineer	<input type="checkbox"/> Interior Designer	<input type="checkbox"/> Other _____
- Applicant's authorization and release - **This release must be signed before forwarding form to the experience verifier.**  
 I hereby authorize the Virginia Board to make inquiries of the verifier listed on this application with respect to my background and character. I invite full and complete responses to all inquiries. I release said person from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Virginia Board.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions #13 through #26 should be completed by the applicant's employer or associate who qualifies as being the person in responsible charge under whose supervision the applicant is claiming credit for work experience.

13. Verifier's Name \_\_\_\_\_  
Last First Middle Generation

14. Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

15. Current Employer \_\_\_\_\_

16. Employer's Address \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

17. Current Position \_\_\_\_\_

18. Do you hold any of the following licenses? Check **all** that apply.  
 Architect State \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Professional Engineer State \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Other \_\_\_\_\_ State \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

19. Position held in (or relationship to) the firm listed in question #4 \_\_\_\_\_

20. Are the dates of employment shown in question #6 correct?  
 Yes   
 No  If no, clarify: \_\_\_\_\_

21. Have you directly supervised the applicant for the entire period of time listed in question #6?  
 Yes   
 No  If no, what is your professional relationship to the applicant? \_\_\_\_\_  
 How did you obtain knowledge of the applicant's professional experience?  
 \_\_\_\_\_

22. Are the experiences shown by the applicant in question #9 correct?  
 Yes   
 No  If no, please explain.  
 \_\_\_\_\_

23. Are the services performed by the firm in question #10 correct?  
 Yes   
 No  If no, please explain.  
 \_\_\_\_\_

24. Indicate your assessment of the applicant's professional conduct and current technical competence in the following chart. If you select an "Unsatisfactory" rating, please submit a letter of explanation with this form.

	EXCELLENT	SATISFACTORY	MARGINAL	UNSATISFACTORY	NOT QUALIFIED TO ANSWER
Technical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Additional Comments:  
 \_\_\_\_\_

26. Signature \_\_\_\_\_ Date \_\_\_\_\_