

**EXPERIENCE VERIFICATION REPORT** *Please use a separate form for each period of full-time or part-time employment.*

Please complete ALL numbered items. The release authorization (item 10 and 11) must be signed and dated BEFORE sending the form to your daily supervisor to complete items A-I. IDP applicants must complete the IDP Training Unit Report on the next page. ARCHITECT APPLICANTS NOT WISHING TO REPORT TRAINING UNITS MUST COMPLETE FORM 123-% IN LIEU OF THIS FORM.

APPLICANT

- 1. NCARB Record No.: \_\_\_\_\_ 2. Applicant's name: \_\_\_\_\_
  - 3. Current address: \_\_\_\_\_ City \_\_\_\_\_ State/Prov. \_\_\_\_\_ ZIP/PC \_\_\_\_\_
  - 4. Name of organization where previously or currently employed: \_\_\_\_\_
  - 5. Organization's address during reporting period: \_\_\_\_\_  
City \_\_\_\_\_ State/Province/Foreign Country \_\_\_\_\_ ZIP/PC \_\_\_\_\_
  - 6. Reporting period: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week (including overtime): \_\_\_\_\_  
Month Day Year Month Day Year
  - 7. Applicant's status in his/her organization:  Partner/Corporate Director  Employee  Other \_\_\_\_\_
  - 8. Indicate services rendered by the organization:  Architecture  Planning  Interior Design/Contract Interiors  
 Engineering  Construction  Other \_\_\_\_\_  
 Construction Management
  - 9. Supervised by:  Registered Architect  Registered Landscape Architect  Planner  Contractor  
(Check one)  Registered Engineer  Interior Designer  Other \_\_\_\_\_
- I hereby authorize NCARB to make inquiries of the person listed below with respect to my background and character. I invite full and complete response 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 NCARB. I hereby certify that all information I furnish herein or attached hereto is correct.
10. Applicant's signature: \_\_\_\_\_ 11. Date: \_\_\_\_\_



*This portion of the form must be completed by the applicant's DAILY SUPERVISOR at the referenced organization. Daily supervisor: Please complete ALL lettered items. Use separate sheet if required.*

SUPERVISOR

- A. Supervisor's name: \_\_\_\_\_
  - B. Current address: \_\_\_\_\_ City \_\_\_\_\_ State/Prov. \_\_\_\_\_ ZIP/PC \_\_\_\_\_  
Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_
  - C. Is all information shown in items 1-9 correct?  YES  NO If no, make corrections above or clarify below:  
\_\_\_\_\_
  - D. Are the experiences correct as shown in item IV on the following page?  YES  NO If no, please make corrections where appropriate.
  - E. Title:  Architect  Engineer  Landscape Architect  Other \_\_\_\_\_  
Your position in (or relationship to) the organization in item 4 above: \_\_\_\_\_
  - F. Please verify that you hold a license in the state/province or foreign country identified in item 5 above:  
Lic. #: \_\_\_\_\_ or N/A State/Province/Foreign Country: \_\_\_\_\_ Date initially granted: \_\_\_\_/\_\_\_\_/\_\_\_\_ or N/A  
month year
  - G. To the best of your knowledge, rate the following:  

Technical Competence:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unsatisfactory*	<input type="checkbox"/> Not qualified to answer
Professional Conduct:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unsatisfactory*	<input type="checkbox"/> Not qualified to answer

*\*written explanation required*
- I hereby certify that all information furnished herein or attached hereto is correct.
- H. Supervisor's signature: \_\_\_\_\_ I. Date: \_\_\_\_\_



MENTOR

*For all employment after July 1, 2000, the IDP Mentor MUST sign and date this form to acknowledge that he or she has met with the applicant to review training progress. The IDP Mentor does not verify IDP Training Units. The daily supervisor may serve as the Mentor.*

IDP Mentor's name: \_\_\_\_\_

IDP Mentor's signature (for interns only): \_\_\_\_\_ Date: \_\_\_\_\_



# IDP TRAINING UNIT REPORT

(Please type or letter neatly in black ink.)

IDP applicants must complete items I-IV below in addition to items 1-11 on the Experience Verification Report. Accurate start and end dates in item III are mandatory. Report period dates may not overlap with other report periods. Do not project any training activities beyond the reporting period. Your daily supervisor must verify all activities. ARCHITECT APPLICANTS NOT WISHING TO REPORT IDP TRAINING UNITS MUST COMPLETE FORM 123- % IN LIEU OF THIS FORM.

I. NCARB Record No.: \_\_\_\_\_ II. Name: \_\_\_\_\_

III. Reporting period: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hours per week (including overtime): \_\_\_\_\_  
Month Day Year Month Day Year

IV. Indicate the IDP Training Units earned in each Category during the above period. One Training Unit equals eight hours of acceptable experience. Twenty (20) Training Units per month are typical for full-time employment (35 hours/week minimum). Please limit decimal notation to two places.

Refer to item 8 on the Experience Verification Report for recording IDP Training Units.

	IDP Experience	Supplementary Education <sup>1</sup>
Employment Descriptions A, B, C		
Category A: Design and Construction Documents		
1. Programming.....	_____	_____
2. Site and Environmental Analysis.....	_____	_____
3. Schematic Design .....	_____	_____
4. Engineering Systems Coordination .....	_____	_____
5. Building Cost Analysis .....	_____	_____
6. Code Research .....	_____	_____
7. Design Development .....	_____	_____
8. Construction Documents .....	_____	_____
9. Specifications and Materials Research .....	_____	_____
10. Document Checking and Coordination.....	_____	_____
SUBTOTAL	_____	_____
Employment Description D		
Category B: Construction Contract Administration		
11. Bidding and Contract Negotiation.....	_____	_____
12. Construction Phase—Office .....	_____	_____
13. Construction Phase—Observation.....	_____	_____
SUBTOTAL	_____	_____
Employment Description E		
Category C: Management		
14. Project Management .....	_____	_____
15. Office Management .....	_____	_____
SUBTOTAL	_____	_____
Employ. Des. F or FF		
Category D: Related Activities (Please describe each activity listed in 17-20 in Diary.)		
16. Professional and Community Service .....	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
SUBTOTAL	_____	_____
TOTAL	<input type="text"/>	<input type="text"/>

Your AIA transcript must be attached.

Please list any changes of employment status, supplementary education activities, etc.

DIARY

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<sup>1</sup> List any supplementary education in Diary. To receive credit for programs and Emerging Professionals Companion activities, an official AIA/CES transcript must accompany this report. Refer to most current IDP Guidelines for information regarding acceptable supplementary education activities.

## FORM 123 INSTRUCTION CHECKLIST

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*Applicants! Refer to this checklist after completing the form.*

*To ensure timely processing, double-check that you have followed all instructions.*

- | Yes                                 | No                                  |   |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Does this form have an original signature from you and your supervisor? NCARB cannot accept photocopied signatures.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Have you signed and dated this form? You must sign and date the form <b>before</b> giving it to your supervisor for verification. Your supervisor should then mail the completed form directly to NCARB. Be sure to give your supervisor the return envelope we have provided.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is your supervisor registered in the jurisdiction? Your supervisor (the person who verifies your training) <b>must</b> be registered in the state, province, or foreign country where the organization is located during the <b>entire</b> reporting period. If your supervisor does not meet this condition, you may have a principal member of the organization verify your experience. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Have you reminded your supervisor of the importance of completing item <b>F</b> with his or her date of initial registration (including foreign employers)?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>Are you an intern?</b> If so, you <b>must</b> complete the IDP Training Unit Report.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>Are you a registered architect?</b> If so, you <b>may</b> need to complete the IDP Training Unit Report in order to meet requirements for NCARB certification and for reciprocal registration in some states.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Did you include overtime work in your Training Unit totals? If so, you should indicate <b>total</b> hours worked per week (including overtime) in items <b>6</b> and <b>III</b> .   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Did you project the number of Training Units you will earn beyond the date your supervisor will sign the form? If so, be aware that <b>projected Training Units will not be accepted</b> . Item <b>I</b> from the Supervisor's section must be dated <b>after</b> the report end date in item <b>III</b> .  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Did you use a separate Form 123 for each employment status change (part-time, full-time, relocation to out-of-state branch office, new employer, etc.)?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | If you are employed on a contractual basis, have you provided a letter indicating the extent to which you are/were subject to the direct and daily supervision and control of your supervisor?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>For interns:</b> Has your IDP Mentor signed and dated the IDP Training Unit Report? <b>The Mentor's signature is required for all employment after July 1, 2000.</b> Refer to Section IV in <i>IDP Guidelines</i> for information on selecting a Mentor. Your daily supervisor may serve as your Mentor.   |

*Supervisors! Refer to this checklist after completing the form.*

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you carefully reviewed items <b>1-11</b> of the Experience Verification Report section and <b>I-IV</b> of the IDP Training Unit Report section of this form (if applicable)? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you completed items <b>A-I</b> of the Experience Verification Report section of this form?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sign and date the form, make a photocopy for your records, and mail original to NCARB:  |

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