

EMPLOYMENT VERIFICATION FORM (EVF)

INSTRUCTIONS

Reciprocity Candidates

- 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.
- **Do not** complete this form if you have requested transmittal of your NCARB* Certificate to California.
- 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.
- Eight (8) full-time (at 40 hours per week) years of training (work) and educational experience is required for California Supplemental Examination (CSE) license eligibility.
- Acceptable Signature: All EVFs must contain the original or electronic or digital signature of the employer. ~~Copieds, rubber stamped, typed, or other reproductions of the signature will not be accepted.~~ In addition, forms
- Forms containing strikeouts or corrections will not be accepted.

Initial Licensure Candidates

- An initial licensure candidate is defined as an individual who is seeking their **first** license as an architect.
- ~~Do not~~ fill out this form if **any** of the following apply:
 - ~~You earned a degree from an NAAB* program~~
 - ~~Earned a degree from a CACB* program~~
 - ~~Have an approved NAAB-EESA*~~
- ~~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. Complete this form to document required training (work) experience not submitted to NCARB for AXP credit.~~
- Eight (8) full-time (40 hours per week) years of training (work) and educational experience is required for license eligibility.
- Work experience submitted to NCARB for AXP credit **cannot** also be submitted to the Board for ARE license eligibility.
- Acceptable Signature: All EVFs must contain the original or electronic or digital signature of the employer. Copied, stamped, typed, or other reproductions of the signature will not be accepted.
- Forms containing strikeouts or corrections will not be accepted.

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:~~

- ~~• Name(s) and Address(es) of the Client(s)~~
- ~~• Type of Project(s)~~
- ~~• Construction Cost(s)~~
- ~~• Start Date of Project(s)~~
- ~~• Completion Date of Project(s)~~
- ~~• All Services Provided~~

LIMITS ON TRAINING EXPERIENCE

Experience credit for training (work experience) and education in architectural work is granted in accordance with California Code of Regulations (CCR) [section 117](#). Experience may be limited to less than eight years (see next paragraph for some examples). Please visit our website for the most current [Architect Practice Act](#) to see how much experience credit may be granted.

Verifiable experience from licensed foreign architects in a qualifying foreign country (as defined in Section 117(c)) 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 acceptable signature (as identified in the Instructions)
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 or electronically 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~~ documenting work experience for licensure 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

NCARB Record:	CAB (Candidate) ID:	Birthdate (MonthMM/DayDD/YearYYYY): / /
Last Name (Include suffix):	First Name:	M.I.:
Telephone Number:	Email Address:	

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

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

SECTION 2—TO BE COMPLETED BY THE SUPERVISOR

Please verify the employment for the individual named in Section 1. Use additional Employment Verification Forms 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~~	
Start Date (MonthMM/DayDD/YearYYYY):	End Date (MonthMM/DayDD/YearYYYY):	Average Hours Per Week:
☐ ~~an employee under my direct supervision~~	☐ ~~an independent contractor~~	
Start Date (MonthMM/DayDD/YearYYYY):	End Date (MonthMM/DayDD/YearYYYY):	Average Hours Per Week:
☐ ~~an employee under my direct supervision~~	☐ ~~an independent contractor~~	
Start Date (MonthMM/DayDD/YearYYYY):	End Date (MonthMM/DayDD/YearYYYY):	Average Hours Per Week:

Licensee Supervisor's Information

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

- | | |
|--|---|
| ☐ Architect in a U.S. Jurisdiction | ☐ Landscape Architect in a U.S. Jurisdiction |
| ☐ Architect in a Qualifying Foreign Country | ☐ Structural Engineer in a U.S. Jurisdiction |
| ☐ California General Building Contractor | Jurisdiction (e.g., state) Where Licensed: |
| ☐ Civil Engineer in a U.S. Jurisdiction | |

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

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~~ Employment Verification Form (including attachments) are true, ~~and~~ correct, and contain no material omissions of fact to the best of my knowledge and belief.

Signature

Date