

**APPENDIX A - REFERENCE REQUEST**

**To the Applicant:** Please complete this section before submitting the form to your referee. *(Please Print)*

Full Name of Applicant: \_\_\_\_\_  
 Surname Given Names Previous Name(s) (if applicable)

Full Name of Referee: \_\_\_\_\_  
 Surname Given Names Previous Name(s) (if applicable)

I authorize the referee stated above to disclose to the Nova Scotia Association of Architects, information relevant to licensure which would otherwise be confidential and I agree that communication between the NSAA and the referee shall be privileged.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Referee:** The person named above has applied for licensure with the NSAA. Your early response to the questions outlined below will ensure prompt consideration of the applicant’s application. The information you provide is confidential and will not be released to the applicant or to anyone outside the NSAA, unless required by the provisions of the Fair Registration Practices Act.

1. Is the applicant related to you?  Yes  No
2. If “Yes” in what manner? \_\_\_\_\_
3. In what capacity do you know the applicant? \_\_\_\_\_  
 Please provide details (ie Personal friend, Supervisor, Teacher, Minister, etc).
4. How long have you known the applicant? \_\_\_\_\_
5. If you worked with the applicant, indicate name of organization, duration, and applicant’s duties:  
 \_\_\_\_\_

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6. Has the applicant to your knowledge ever:
 

(a) Been the subject of a complaint or disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Been the subject of criminal charges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Abused alcohol, narcotics or other drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Been treated for a condition which may currently compromise the individual’s ability to practice safely and ethically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you know of any ethical problems relating to the practice of architecture which the applicant has demonstrated?  Yes  No
8. Is there any reason why you would not consider the applicant to have adequate knowledge, skills and judgment required to engage in the practice of architecture?  Yes  No
9. Are you aware of any aspect of the applicant’s interpersonal skills/attitude that may cause difficulties in relationships with clients, co-workers or other architects?  Yes  No
10. Have you any additional information with respect to this applicant which may affect their application for licensure in Nova Scotia?  Yes  No
11. Would you recommend this applicant for licensure without reservation?  Yes  No

If you have answered “Yes” to questions 6-10, or no to 11, please provide a written response along with this form.

\_\_\_\_\_  
 Signature of Referee Date Contact Information (phone number or email address)

**Please return this form directly to the Nova Scotia Association of Architects at the address above.**