



Submit ERB for each
1000 hours worked and
for each change of
employer.

Steps to Follow – Carefully read all instructions.

- Complete this form either by printing neatly in ink or electronically.
- Ensure that Experience Supervisor initials all pages of the form and each change or correction, including each additional page added to this report.
- Ensure that all Declarations are signed and dated.
- Retain a copy of this report for your records.
- Experience Record Book forms that have been altered in any way will not be accepted.

MEMBER IDENTIFICATION

* _____		
Surname	First Name	Middle Name(s)
* _____		
No. and Street	Suite No.	
* _____		
City	Province/State/Territory	Country
* _____		
Postal/Zip Code	Res. Tel.	Bus. Tel.
* _____		
Res. E-mail	Bus. E-mail	

EMPLOYER IDENTIFICATION

* _____		
Name of Practice		
* _____		
Street	Suite No.	
* _____		
City	Province/State	Country
* _____		
Postal/Zip Code	Bus. Tel.	
* _____		
Nature of Practice's Activities		
* _____		
Name of Experience Supervisor		Position
* _____		_____
Professional Affiliation		OAA Licence No.
* _____		_____
Bus. E-mail		

MENTOR IDENTIFICATION

* _____		
Surname	First Name	Bus. Tel.
* _____		
Name of Practice	Email	

Association Use Only

Received by: _____
Date: _____

Reviewed by: _____
Date: _____

Experience Period

(Dates must be filled in)

From			
To			
	DD	MM	YYYY

Experience Supervisor's Initials

Role of Intern Technologist: The Intern Technologist must identify their specific activities for each project on page 4 Summary of Project(s). (Submit additional Pages, if required)

Project(s)

Summary of Experience

Record the total hours carried out on projects described on Page 4

(Page 3)

		1	2	3	4	5	6	7	8	9	10	Total
A	Design/Contract 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											
B	Construction Administration											
11	Bidding and Contract Negotiation											
12	Construction Phase – Office											
13	Construction Phase – Site											
	Subtotal											
C	Management											
14	Project Management											
15	Office Management											
	Subtotal											
Total Hours Each Project		1	2	3	4	5	6	7	8	9	10	

Member Declaration: I declare that the enclosed information is an accurate record of my experience.

Intern Technologist Name

Intern Technologist Signature

Date

Experience Supervisor's
Initials

Summary of Projects

Project Type: new work, additions, renovation, interior design, master planning, etc. **Occupancy Type:** assembly, institutional, residential, commercial, etc.

1. Project Name: _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storeys: _____

2. Project Name: _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storeys: _____

3. Project Name: _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storeys: _____

4. Project Name: _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storeys: _____

5. Project Name: _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storeys: _____

6. Project Name: _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storeys: _____

7. Project Name: _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storeys: _____

8. Project Name: _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storeys: _____

9. Project Name: _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storeys: _____

10. Project Name: _____ Location: _____

Project Type: _____ Occupancy: _____ Gross Floor Area: _____ Budget: _____ No. of Storeys: _____

Experience Supervisor's Initials

1 Comment on the level of responsibility and involvement requested of the Intern Technologist/Student Technologist.

2 Comment on the overall attitude/philosophy/professional goals of the Intern Technologist/Student Technologist as you perceive them.

3 Your recommendations for the next (6) months experience. **Not applicable for Retroactive Submissions.**

4 Comment on the extent to which the Intern Technologist/Student Technologist has been exposed to the activities as outlined for each of the categories in which experience has been obtained.

Experience Supervisor's Declaration:

I declare that the preceding information is an accurate summary of the Intern Technologist/Student Technologist's work experience.

Supervisor Name *(please print)*

Supervisor's Signature

Date

Mentor Declaration:

I declare that I have met with the Intern Technologist/Student Technologist in accordance with the OAA Technology Program.

Mentor Name *(please print)*

Mentor's Signature

Date