

7 ATTESTATION

I hereby certify that the work experience described on this form and the time claimed for that experience are true and accurate.

Applicant's signature

Date

SECTION II: VERIFICATION OF EXPERIENCE

INSTRUCTIONS TO SUPERVISOR:

To uphold the purposes of the licensing law and safeguard life, health and property, the State Board for Architecture evaluates the level and character of each applicant's practical experience in architectural work.

1. Please complete Section II. The ratings and comments you provide below will help the Board evaluate the applicant's work, ability, character, and reputation.
2. Please respond promptly. **Return this form directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if returned by the applicant.**

1 Are the dates of employment as show in item 6 on the reverse side correct? (If no, please clarify.) YES NO

2 Is the experience record completed by the applicant for the dates of employment in item 6 on the reverse side correct? (If no, please clarify) YES NO

3 Please indicate to the best of your knowledge the applicant's potential to practice architecture by placing an "X" in the appropriate spaces below. If you check the "unsatisfactory" box for "experience" or "conduct," please submit a letter of explanation with this form.

	ON LAST DATE OF EMPLOYMENT					ON DATE OF THIS REPLY				
	Excellent	Satis- factory	Marginal	Unsatis- factory	Not Qualified to Answer	Excellent	Satis- factory	Marginal	Unsatis- factory	Not Qualified to Answer
Education										
Practical Experience										
Professional Conduct										

ATTESTATION

I have read the applicant's Professional Work Experience Record. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and architectural ability and that, except as otherwise noted on this form, or in attached correspondence, the work experience described by the applicant and the time claimed for it are true and accurate.

Signature of endorser: _____ Date: ____/____/____

Print name: _____

Title: _____

(STAMP or SEAL)

State(s)/Date(s) of registration: _____

Name of firm: _____

Telephone: _____ Fax: _____

E-mail: _____

I cannot so certify. Letter of explanation attached.

RETURN DIRECTLY TO:

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Architecture Unit, 89 Washington Avenue, Albany, NY 12234-1000.