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Supervisor Attestation

Supervised Work Experience

For Intern:

Supervisor Information			
Name			Title
Professional Qualifications	Registered Member of ARIDO ID#: Member of another jurisdictional authority for Interior Design Specify: ID#:	or	Ontario Architect, OAA Member ID#: Member of another jurisdictional authority for Architecture Specify: ID#:
Firm Name			Firm Address
Type of Supervisor	Work Supervisor Mentor		
Type of Firm	Interior Design Firm Corporate in-house Architecture Firm Other:	Industry Sector(s)	Health Care Hospitality Institutional Government Residential Retail Corporate/Office Other: <input type="text"/>
Supervision Period	From: <input type="text"/>	To: <input type="text"/>	<input type="text"/>
Telephone			Email

Attestation

This attestation form accompanies an Intern Self-Report of Supervised Work Experience that is being submitted by the Intern in order to satisfy ARIDO's Supervised Work Experience requirement. By completing this attestation, you are attesting to the satisfactory completion of Supervised Work Experience that you have observed and supervised. Please complete this attestation and return it to the Intern; the Intern is responsible for submitting this attestation form along with all other application materials directly to ARIDO.

By signing this attestation, you are verifying that the information provided by the Intern is correct. If information contained on the intern self-report of Supervised Work Experience is incorrect, have the Intern correct the information prior to providing your signature.

I have reviewed and agree with the following statements:

- I have the necessary qualifications, education, experience, and ability to supervise the work of the intern.
- I have reviewed and discussed the list of mandatory tasks for each Design Phase with the Intern.
- I have met regularly with the Intern to monitor progress and provide feedback.
- For tasks where I am listed as the Supervisor, I confirm that the Intern has satisfactorily performed the task.

Signature: _____

Date: _____