



**TRI-NATIONAL APPLICATION FORM**

Please complete and send to the registration authority in your home country.  
Fees will be assessed and collected by the host country prior to review.

**NCARB**  
Internship + Education Directorate  
Tri-National MRA Program  
1801 K Street, NW  
Suite 700K  
Washington, DC 20006  
USA

**Canadian Architectural Licensing Authorities**  
c/o Ontario Association of Architects  
Tri-National MRA Program  
Kristi Doyle, Executive Director  
111 Moatfield Drive  
Toronto, ON M3B 3L6  
CANADA

**CONARC**  
ANPADEH / CONARC  
Programa Trinacional ARM  
Calle Emiliano Zapata 37  
Centro, Area 1  
Distrito Federal 06000  
MEXICO

**A. Applicant information**

Title: \_\_\_\_\_ Full legal name: \_\_\_\_\_  
Street address 1: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**B. Professional degree(s)\* in architecture**

Name of first degree: \_\_\_\_\_

Type of degree: (associate's/bachelor's/master's/doctorate): \_\_\_\_\_  
Name of institution: \_\_\_\_\_ Date Awarded: \_\_\_\_\_  
Street address 1: \_\_\_\_\_  
Street address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Web site address: \_\_\_\_\_

Name of second degree (if applicable): \_\_\_\_\_

Type of degree: (associate's/bachelor's/master's/doctorate): \_\_\_\_\_  
Name of institution (if different than above): \_\_\_\_\_ Date Awarded: \_\_\_\_\_  
Street address 1: \_\_\_\_\_  
Street address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Web site address: \_\_\_\_\_

*\*Please list only the degrees awarded that are required for obtaining a credential as an architect.*

