



TRI-NATIONAL MRA RESUME

This form must be included as the first document of the dossier.

Full legal name:

Address:

Telephone

XXX-XXX-XXXX

Email

xxxxxxx@xxx.xxx

Web Address

www.xxxxxxx.xxx

Professional qualifications *(Please include all active and inactive registrations)*

Qualification (e.g., Registered Architect, Maryland) in bullet form (one line per item with corresponding date in left-hand column; use return for additional lines as necessary)

Date

(mm/dd/yyyy)

Post secondary education *(Please include all relevant degrees)*

Degree (e.g., Bachelor of Science in Architecture), discipline (e.g., Architecture), and institution (e.g., University of Maryland) in bullet form (one line per item with corresponding date in left-hand column; use return for additional lines as necessary)

Date

(mm/dd/yyyy)

Professional experience

Position (e.g., Director), department (e.g., Design Department), company (e.g., Block Design), company location, including country (e.g., Cincinnati, OH), responsibilities (e.g., project management including client contract negotiation, programming, design development to construction document preparation and issuance and construction contract administration for healthcare division projects) in bullet form (one line per item with corresponding date in left-hand column; use return for additional lines as necessary)

Date

(mm/dd/yyyy)



TRI-NATIONAL MRA RESUME

Date
(*mm/dd/yyyy*)

Professional affiliations (*Please limit the use of acronyms and abbreviations*)

Professional affiliations (e.g., Member, American Institute of Architects) in bullet form (one line per item with corresponding date in left-hand column; use return for additional lines as necessary)

Date
(*mm/dd/yyyy*)

Other relevant credentials and qualifications

Other in bullet form (one line per item with corresponding date in left-hand column; use return for additional lines as necessary)



TRI-NATIONAL MRA RESUME

APPLICANT INFORMATION		
Full legal name:		
NCARB #	Canadian Lic/Reg #	CONARC #

Please provide the following information for each project included in your dossier:

Project Title	Jurisdiction	License/Registration number	Initial registration (mm/dd/yyyy)	Expiration (mm/dd/yyyy)

I hereby certify that all information provided herein is complete and correct to the best of my knowledge.	
Signature _____	Date (mm/dd/yyyy) _____