

Design Competition Verification Form

This form is to certify that the design competition listed below meets the requirements of completing a design competition for AXP credit as defined in the *AXP Guidelines*.

To qualify for AXP credit, the competition entry must be completed and submitted in compliance with the published design competition requirements.

1. Name: _____ 2. NCARB Record No. _____

I understand that this form is required to document a qualifying design competition for AXP credit.

My mentor/supervisor shall review and approve this form through the online reporting system.

I acknowledge that the *AXP Guidelines* recommend that I keep the work product related to this competition for a period of no less than three years from the date my mentor approves the experience. All experience is subject to review by NCARB.

3. Signature: _____ 4. Date: _____

By checking this box I affirm that the name typed above represents my official signature.

5. Design Competition: _____

6. Date Submitted: _____ Deadline for Submission: _____

7. Sponsoring Organization: _____ Website: _____

Address: _____

Phone: _____ Email: _____

8. Design Competition Project (must be a “building” or “planning” project):

9. List the submission requirements for the competition:

10. Please indicate if this was an individual or group submission. If this competition was submitted as part of a group effort, please identify the other individuals named on the submission. If the competition entry is not in your name, please explain.

Complete this form, then upload to the experience report for this design competition that you created in your NCARB Record.