
APPLICATION FOR ORIGINAL LICENSE BY EXAMINATION—ARCHITECT

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as an Architect in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-25-314; and the Board rules, specifically 4.5. Both are available online at: www.dora.state.co.us/aes.

All applicants are required to apply online at www.ncarb.org to set up a National Council of Architectural Registration Boards (NCARB) record and obtain an NCARB file number.

Continuing Education. C.R.S. 12-25-315.5 requires all Architect licensees to maintain continuing education to practice architecture. Licensees who are initially issued a Colorado license by examination or transfer of grades within the twelve (12) months immediately preceding the license expiration date will be exempt from the continuing education requirement. Thereafter, sixteen (16) Professional Development Units (PDUs) will be required for each subsequent renewal period. See the Board's Rules for further information.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Direct Registration Applicants. If you have an NAAB accredited degree and NCARB IDP record, you do not need to submit this application. You are a Direct Registration candidate whose IDP record will be transmitted to Colorado once you have passed the entire exam. Colorado will then send you the application for licensure. If NCARB will be transmitting your education/experience record, it will be necessary for you to contact NCARB in writing 90 days prior to your submittal of the Application for Examination in order for your record to be updated and transmitted to the Board's office. On the attached application form itself, you do not need to complete the experience portion; however, it is requested that you list your education. School transcripts are not required for candidates applying with an NCARB record.

All Other Applicants:

1. All **school transcripts** must be official and submitted in a sealed envelope from the institution issuing the transcript. Include the sealed envelope in your application package. If you have earned credit at an educational institution outside the United States, you must submit an evaluation of foreign credit. Contact www.naab.org and click on EESA for information and an application.
2. An **Employment Verification/Training Report form** must be submitted from each employer listed on your application form. The Employment Verification/Training Report form must be used to verify the earned training hours in accordance with the requirements. Effective January 1, 2011, the Colorado experience requirements mirror the NCARB training requirements (refer to Board Rule 4.4.1). If you have submitted previous employment verifications or affidavits of employment, verify that you have sent in the most current form. You must submit these forms in their original sealed envelope with your application.
3. If you have received partial exam credit as another state's candidate, your **grades will need to be transferred** to Colorado from that state. A certified affidavit or verification form must be completed and verified by the state that your grades are being transferred from and received by the Office of Licensing prior to your being deemed eligible to take the examination. Prior to January 1, 2011, Colorado did not allow early eligibility to take the exam. If you took the exam(s) in a state that allowed early eligibility, any exams taken prior to January 1, 2011, and prior to completing all of Colorado's education and experience requirements will not be accepted by the Colorado Board.

Applicant: Keep this page for your records.

APPLICANT INSTRUCTIONS (Continued)

Examination. Upon approval of the application, your name will be submitted to the test administrator, Thomson Prometric, stating your eligibility to take the Architect Registration Examination (A.R.E.). They will then advise you within 30 days via a confirmation letter indicating your authorization to test, as well as a bulletin of information about how to schedule to take the examination.

Applicants with Disabilities. Applicants who need modifications in the examination administration because of a disability should submit an ADA Request form, available online at www.dora.state.co.us/registrations/ADARequestForm.htm, or you may call (303) 894-7800 to request that one be mailed to you. The ADA Request Form should be submitted at the same time as the application.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between July 1, 2013 and October 31, 2013 will reflect a license expiration date of October 31, 2015. Licenses issued prior to July 1, 2013 will reflect an expiration date of October 31, 2013 and must renew in the upcoming renewal period.

- All Architect licenses expire on October 31 in odd-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Registrations Online Services at www.doradls.state.co.us to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

- Complete the attached Examination application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado.** All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S .24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Apply online at www.ncarb.org to set up a NCARB file** and obtain a NCARB file number.
- Attach official transcripts in a sealed envelope.** (Not required for candidates applying with an IDP record.)
- Attach the Employment Verification/Training Report** – in its original sealed envelope – from the appropriate employers. (Not required for candidates applying with an IDP record.)

If you are applying with an IDP record (non-NAAB accredited degree holders only):

- Contact NCARB to have your record updated and transmitted to the Office of Licensing.**

If you are transferring A.R.E. grades from another state:

- Have the state submit a certified affidavit to the Office of Licensing.**

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Architects
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



Colorado Department of Regulatory Agencies
 Division of Registrations
 1560 Broadway, Suite 1350
 Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
 (if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
 - a. I am a U.S. citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
Issuing foreign country:			Passport Number:		

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Print Full Legal Name

Signature (Full Name)

Date

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to State of Colorado.

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):			
Mailing Address:	PO Box, Street:	City, State, Zip:	
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business			
Daytime Telephone Number: ()	E-mail Address:		
	Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail		
Current Employer:		Dates of Employment:	
Business Address:	PO Box, Street:	City, State, Zip:	

PART 2—EDUCATION

College/University	State	Dates of Attendance (mm/yyyy)	Degree Conferred

All applicants, except IDP applicants, are required to submit an official transcript bearing the school's seal. Transcripts should accompany the application in a sealed envelope from the school.

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; and locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY	LICENSE NUMBER: _____	DATE ISSUED: _____
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PART 3—EXPERIENCE (Note: IDP applicants do not need to complete this section.)

List below in chronological order all employment to be considered for Training credit. Each period of employment must be verified on the Board's Employment Verification/Training Report. If needed, attach an additional sheet in the same format.

Name of Employer	Dates of Employment	Total Training Hours

PART 4—LICENSURE APPLICATION QUESTIONS

1. Have you previously applied for the Architect Registration Examination? YES NO
 ➤ If YES, indicate the year taken and for which state: _____
2. What is your NCARB file number? _____. This is required for all exam applicants.
3. Will your education and experience be supplied through NCARB via IDP? YES NO
4. Do you agree to appear in person, if requested, at a time and place fixed by the Board, or to furnish additional information requested of you, for the purpose of aiding the Board in determining your qualifications? YES NO

PART 5—SCREENING QUESTIONS

You must provide the following for each "YES" response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
 - Date(s) of event/offense
 - Description of event/offense
 - Location/court
 - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Have you ever been denied licensure as an architect or been disciplined with regard to the practice of architecture or practiced architecture in violation of this state's law or any other jurisdiction? YES NO
2. Have you ever been arrested, charged, convicted, and/or pled guilty to a felony, or had a plea of *nolo contendere* accepted by the court, under the laws of this state or any other jurisdiction? YES NO
3. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as an Architect safely and competently? YES NO
4. Have you ever sold or fraudulently obtained or furnished a license or renewal of a license to practice architecture? YES NO
5. Have you engaged in conduct which was intended, or reasonably may have been expected, to mislead the public into believing that you were an architect in Colorado? YES NO
6. Have you advertised, represented, or held yourself out in any manner as an architect in Colorado without a Colorado license? YES NO

PART 5—SCREENING QUESTIONS (Continued)

- | | | |
|---|------------------------------|-----------------------------|
| 7. Have you stamped any drawings, specifications, reports or other professional work in Colorado without a Colorado license? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Have you used the title "architect" in connection with the practice of architecture in Colorado without a Colorado license? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as an Architect safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date

EMPLOYMENT VERIFICATION

(Type or print legibly)

PART 1: To be completed and signed by applicant. ALL items must be completed. Incomplete forms will be returned.

Name: _____ Current Address: _____

Is/Was Employed by the firm of: _____

Firm Address: _____

Use a separate form for each period of full-time or part-time employment.

Dates of Employment		Hours per Week	Status
FROM (Initial Date): _____/_____/_____ MO DAY YR	TO (Last Date): _____/_____/_____ MO DAY YR		<input type="checkbox"/> Partner <input type="checkbox"/> Corp. Director <input type="checkbox"/> Employee <input type="checkbox"/> Other (Explain)

Indicate services rendered by the firm:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Interior Design/Contract Interiors |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Construction Management |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Real Estate Development |
| <input type="checkbox"/> Other _____ | |

Name of direct supervisor: _____

- Position of the supervisor:
- | | |
|---|---|
| <input type="checkbox"/> Licensed Architect | <input type="checkbox"/> Licensed Landscape Architect |
| <input type="checkbox"/> Licensed Professional Engineer | <input type="checkbox"/> Interior Designer |
| <input type="checkbox"/> Planner | <input type="checkbox"/> Other _____ |

I certify under penalty of perjury that the information provided is correct and the work was performed in accordance with the provisions set forth in the Board's Rules and Regulations of Procedure.

Applicant Signature

Date

PART 2: To be completed and signed by the applicant's direct supervisor at the referenced firm. ALL items must be completed. Incomplete forms will be returned.

1. Are the dates of employment as shown above correct? YES NO If no, please clarify _____
2. Has the applicant worked under the direct supervision of the individual indicated above? YES NO If no, please clarify _____
3. Is the experience shown on the Training Report on the reverse side of this form correct? YES NO If no, please clarify _____

Indicate, to the best of your knowledge, the applicant's ability by placing an "X" in the appropriate spaces below. If the unsatisfactory box is checked for technical competence or professional conduct, please attach a letter of explanation.

On latest date of employment	Excellent	Satisfactory	Marginal	Unsatisfactory	Not qualified to answer
Technical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional/Ethical Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of this reply					
Technical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional/Ethical Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Supervisor _____ License Number/State Issued _____

Initial date of licensure in that jurisdiction (mm/yyyy). If none, indicate N/A. _____

Position in firm or relation to firm _____

Name and address of current firm _____

Position in current firm _____

E-mail address _____ Telephone number _____

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in the foregoing affidavit, including all supplementary statements.

Signature

Date

TRAINING REPORT

(Type or print legibly)

**This form must be completed and signed by the applicant, and then reviewed and signed by the supervisor.
ALL items must be completed. Incomplete forms will be returned.**

Name _____ is / was employed by the firm of _____

Reporting period: From _____ / _____ / _____ to _____ / _____ / _____
MO DAY YR MO DAY YR

Indicate the training hours earned in each training area during the above period. **Refer to Board Rule 4.5 and the NCARB Intern Development Program (IDP) training requirements.**

*** Round your numbers up. ***

	Experience	Supplementary Education ¹
A. Design and Construction Documents		
1. Programming.....	_____	_____
2. Site and Environmental Analysis.....	_____	_____
3. Schematic Design	_____	_____
4. Engineering Systems Coordination	_____	_____
5. Building Cost Analysis.....	_____	_____
6. Code Research	_____	_____
7. Design Development.....	_____	_____
8. Construction Documents.....	_____	_____
9. Specifications & Materials	_____	_____
10. Document Checking & Coordination	_____	_____
SUBTOTAL	_____	_____
B. Construction Administration		
11. Bidding and Contract Negotiation.....	_____	_____
12. Construction Office.....	_____	_____
13. Construction Observation.....	_____	_____
SUBTOTAL	_____	_____
C. Management		
14. Project Management	_____	_____
15. Office Management.....	_____	_____
SUBTOTAL	_____	_____
D. Related Activities		
16. Professional and Community Service.....	_____	_____
_____	_____	_____
_____	_____	_____
SUBTOTAL	_____	_____
TOTAL	_____	_____

¹ List any supplementary education on a separate page and attach. Refer to the publication entitled "Intern Development Program Guidelines" published by the National Council of Architect Registration Boards (NCARB).

I certify under penalty of perjury that the information provided is correct and the work was performed in accordance with the provisions set forth in the Board's Rules and Regulations of Procedure.

Applicant Signature

Date

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in the foregoing affidavit, including all supplementary statements.

Supervisor Signature

Date

Board Rule 4.5: Architecture Education and Experience Application Criteria

EDUCATION AND EXPERIENCE SUMMARY

	NAAB/CACB Accredited or NAAB Approved Professional Degree Programs		Four Year Architectural Degree Programs		Other Degree Programs				Other
Degree Type	B. Arch	M. Arch	B. EnvD (Arch) B.S.A.S. B.S.D. B.A.A.	B. Arch (non-NAAB) B.A. Arch B.S.A.E.	B.S. Eng (ABET) B.S.C.M. (ACCE) B.I.D. (FIDER) B.S.I.A B. Arch Tech B.F.A. **civil, mechanical, electrical	B.A. B.S.	A.A. A.S. (Arch or Arch Tech)	A.A. A.S.	No Degree
Experience Required Hours/Years (1 year = 1,800 hours)	5,600/ 3	5,600/ 3	9,400/ 5	9,400/ 5	13,160/ 7	15,040/ 8	15,040/ 8	16,920/ 9	18,800/ 10
Hours may be earned after	3 rd year	1 st year	3 rd year	3 rd year	degree	degree	degree	degree	date of hire

Foreign Education—Applicants who are requesting credit for degrees from foreign colleges or universities must submit their transcripts to the National Architectural Accrediting Board (NAAB) for the purpose of determining the equivalency of the degree to a degree earned from a university or college in the United States.

Employment Required to Earn Credit	<ul style="list-style-type: none"> Hours may be earned in Training Settings A-E only when working a minimum of 20 hours per week for a minimum of 6 consecutive months.
	<ul style="list-style-type: none"> Hours may be earned in Training Setting F only when working as a full time employee.
	<ul style="list-style-type: none"> Employment time used for academic credit may not be used to fulfill experience requirements.

Note: This chart is only an interpretation of the Board’s Rules. Refer specifically to Rule 4.5.