

## **APPLICATION FOR ORIGINAL LICENSE BY TRANSFER OF GRADES—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](http://www.dora.state.co.us/aes).

- **IMPORTANT NOTE:** 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.

**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 transfer of grades or examination 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.

**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](http://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](http://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 Transfer of Grades 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).
- Attach official transcripts from the educational institution in a sealed envelope.** Documentation of completion of the NCARB Intern Development Program (IDP) may be submitted in lieu of transcripts.
- Attach Employment Verification/Training Report(s) – in original sealed envelope(s) – from the appropriate employers.** Documentation of completion of the NCARB IDP may be submitted in lieu of experience.

**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)**

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

**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**

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

|                        |                              |                           |
|------------------------|------------------------------|---------------------------|
| <b>OFFICE USE ONLY</b> | <b>LICENSE NUMBER:</b> _____ | <b>DATE ISSUED:</b> _____ |
|------------------------|------------------------------|---------------------------|

Applicant Name: \_\_\_\_\_

**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—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?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you ever been arrested, charged, convicted, and/or pled guilty to a felony, or had a plea of <i>nolo contendere</i> accepted by the court, under the laws of this state or any other jurisdiction?   | <input type="checkbox"/> YES <input type="checkbox"/> 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? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you ever sold or fraudulently obtained or furnished a license or renewal of a license to practice architecture?  | <input type="checkbox"/> YES <input type="checkbox"/> 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?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Have you advertised, represented, or held yourself out in any manner as an architect in Colorado without a Colorado license?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 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 |

Applicant Name: \_\_\_\_\_

**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

## VERIFICATION OF LICENSURE AND / OR EXAMINATION HISTORY

The individual identified below has indicated that s/he either is or has been registered in your jurisdiction or that s/he has completed examinations for your jurisdiction. Please complete the items listed below and record examination results this individual completed for your board on page 2 and return to the applicant.

I certify that the records of the (State) \_\_\_\_\_ Board  
show that (name) \_\_\_\_\_

1. Was registered as an Architect on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ License Number \_\_\_\_\_
2. Now holds a valid registration that expires on \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Held a valid registration that expired on \_\_\_\_\_
4. Was granted the above license by one of the following/date:
  - a. By NCARB certification \_\_\_\_\_
  - b. By reciprocity/direct endorsement with the state of \_\_\_\_\_
  - c. By written examination of \_\_\_\_ hours, completed in \_\_\_\_\_
  - d. Other: \_\_\_\_\_
5. NCARB uniform examinations were given and the reported grades were accepted without modification?  YES  NO
6. Satisfied the seismic forces requirements by: (check one)
  - Western Conference States examination (June 1963-June 1965) Date: \_\_\_\_\_
  - Section G of the 7-part examination (December 1965-December 1975) Date: \_\_\_\_\_
  - Professional Examination (December 1973-December 1982 ) Date: \_\_\_\_\_
  - Architect Registration Examination/A.R.E. (beginning June 1983) Date: \_\_\_\_\_
  - Seismic Force Seminar - Date: \_\_\_\_\_ Location: \_\_\_\_\_
  - Seismic Force Treatise - Date: \_\_\_\_\_
  - Special Seismic Technology Test (SSTT) (beginning September 1987) Date: \_\_\_\_\_
7. Is there derogatory information on file with your Board regarding this applicant?  YES  NO
  - If yes, please explain on a separate sheet.

Type or Print:

Certified by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

SEAL

**Mail Form To:** Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

**REPORT OF EXAMINATION HISTORY**

| EXAMINATION SYLLABUS (1954-1975)    | Hours | Grade Minimum | Date Passed |
|-------------------------------------|-------|---------------|-------------|
| A. Education & Experience           |       |               |             |
| B. Personal Audience                |       |               |             |
| C. History & Theory of Architecture | 3     |               |             |
| D. Site Planning                    | 5     |               |             |
| E. Architectural Design             | 12    |               |             |
| F. Building Construction            | 3     |               |             |
| G. Structural Design                | 5     |               |             |
| H. Professional Administration      | 3     |               |             |
| I. Building Equipment               | 5     |               |             |

| EQUIVALENCY EXAMINATION (June 1973-June 1976) | Hours | Grade | Date Passed |
|---|-------|-------|-------------|
| I. Architectural Theory                       | 3     |       |             |
| II. Construction Theory & Practice            | 8     |       |             |
| III. Architectural Design/Site Planning       | 10    |       |             |

| QUALIFYING TEST (June 1977-June 1982)                            | Hours | Grade | Date Passed |
|--|-------|-------|-------------|
| A. Architectural History   | 2     |       |             |
| B. Structural Technology   | 3     |       |             |
| C. Materials & Methods of Construction                           | 2     |       |             |
| D. Environmental Control Systems                                 | 2     |       |             |
| E.1 Principles of Site Planning & Arch Design* (Multiple choice) | 1     |       |             |
| E.2 Principles of Site Planning & Arch Design* (Design problem)  | 11    |       |             |

\*1977-1978

| PROFESSIONAL EXAMINATION (Dec 1973-Dec 1978)<br>SECTION B (1979-1982) | Hours | Grade | Date Passed |
|---|-------|-------|-------------|
| Design/Site Test  | 12    |       |             |

| PROFESSIONAL EXAMINATION – SECTION B (1979-1982) | Hours | Grade | Date Passed |
|--|-------|-------|-------------|
| Part I Environmental Analysis                    | 4     |       |             |
| Part II Architectural Programming                | 4     |       |             |
| Part III Design and Technology                   | 4     |       |             |
| Part IV Construction                             | 4     |       |             |

**ARCHITECT REGISTRATION EXAMINATION (A.R.E.)**

| (1983-1987)                | Grade | Date Passed | (1988-1996)                 | Grade | Date Passed | (1997-2009) | Grade | Date Passed | ARE 4.0 (2008- )                       | Grade | Date Passed |
|----------------------------|-------|-------------|-----------------------------|-------|-------------|-------------|-------|-------------|--|-------|-------------|
| A – Pre-Design             |       |             | A – Pre-Design              |       |             | PD          |       |             | Program Planning and Practice          |       |             |
| B – Site Design            |       |             | B – Site Design/<br>Written |       |             | SP          |       |             |  |       |             |
|                            |       |             | B – Site Design/<br>Graphic |       |             |             |       |             | Site Planning & Design                 |       |             |
| C – Building Design        |       |             | C – Building Design         |       |             | BP          |       |             | Building Design & Construction Systems |       |             |
| D – General Structure      |       |             |                             |       |             | BT          |       |             |  |       |             |
| E – Lateral Forces         |       |             | D/F – General & Long Span   |       |             | GS          |       |             | Schematic Design                       |       |             |
| F – Long Span Structure    |       |             | E – Lateral Forces          |       |             | LF          |       |             | Structural Systems                     |       |             |
| G – Mech./Electrical       |       |             | G – Mech./Electrical        |       |             | ME          |       |             | Building Systems                       |       |             |
| H – Materials/Methods      |       |             | H – Materials/Methods       |       |             | MM          |       |             | Construction Documents & Services      |       |             |
| I – Construction Documents |       |             |                             |       |             | CD          |       |             |  |       |             |

This document is certified by authorization of the (State) \_\_\_\_\_ Board.

Certified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## 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):<br>_____/_____/_____<br>MO DAY YR | TO (Last Date):<br>_____/_____/_____<br>MO DAY YR |                | <input type="checkbox"/> Partner<br><input type="checkbox"/> Corp. Director<br><input type="checkbox"/> Employee<br><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 <sup>1</sup> |
|---|------------|--------------------------------------|
| <b>A. Design and Construction Documents</b> |            |                                      |
| 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 .....  | _____      | _____                                |
| <b>SUBTOTAL</b>                             | _____      | _____                                |
| <b>B. Construction Administration</b>       |            |                                      |
| 11. Bidding and Contract Negotiation.....   | _____      | _____                                |
| 12. Construction Office.....                | _____      | _____                                |
| 13. Construction Observation.....           | _____      | _____                                |
| <b>SUBTOTAL</b>                             | _____      | _____                                |
| <b>C. Management</b>                        |            |                                      |
| 14. Project Management .....                | _____      | _____                                |
| 15. Office Management.....                  | _____      | _____                                |
| <b>SUBTOTAL</b>                             | _____      | _____                                |
| <b>D. Related Activities</b>                |            |                                      |
| 16. Professional and Community Service..... | _____      | _____                                |
| _____                                       | _____      | _____                                |
| _____                                       | _____      | _____                                |
| <b>SUBTOTAL</b>                             | _____      | _____                                |
| <b>TOTAL</b>                                | _____      | _____                                |

<sup>1</sup> 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         |
|--|--|----------------------|--|---|--|--------------|----------------------------------|--------------|---------------|
|  | B. Arch  | M. Arch              | B. EnvD (Arch)<br>B.S.A.S.<br>B.S.D.<br>B.A.A. | B. Arch (non-NAAB)<br>B.A. Arch<br>B.S.A.E. | B.S. Eng (ABET)<br>B.S.C.M. (ACCE)<br>B.I.D. (FIDER)<br>B.S.I.A<br>B. Arch Tech<br>B.F.A.<br>**civil, mechanical, electrical | B.A.<br>B.S. | A.A.<br>A.S. (Arch or Arch Tech) | A.A.<br>A.S. |               |
| <b>Degree Type</b>   |  |                      |  |   |  |              |                                  |              | No Degree     |
| <b>Experience Required</b><br>Hours/Years (1 year = 1,800 hours) | 5,600/<br>3  | 5,600/<br>3          | 9,400/<br>5                                    | 9,400/<br>5                                 | 13,160/<br>7   | 15,040/<br>8 | 15,040/<br>8                     | 16,920/<br>9 | 18,800/<br>10 |
| <b>Hours may be earned after</b>                                 | 3 <sup>rd</sup> year   | 1 <sup>st</sup> year | 3 <sup>rd</sup> year                           | 3 <sup>rd</sup> 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.

|   |  |
|---|--|
| <b>Employment Required to Earn Credit</b> | <ul style="list-style-type: none"> <li>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.</li> </ul> |
|   | <ul style="list-style-type: none"> <li>Hours may be earned in Training Setting F only when working as a full time employee.</li> </ul>   |
|   | <ul style="list-style-type: none"> <li>Employment time used for academic credit may not be used to fulfill experience requirements.</li> </ul>   |

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