



ARCHITECT BY COMITY APPLICATION INSTRUCTIONS

Application by comity is for individuals currently licensed in another jurisdiction who are seeking licensure in Minnesota as an Architect. This application determines your **eligibility** for licensure. Applicants not already licensed in any state should use the "[Application for Architect Exam](#)" form, available on the Board website.

IMPORTANT! Note the following application requirements (more than one may apply to your situation):

- If you were initially licensed **on or after January 1, 1991**, you must have an NAAB-accredited or equivalent degree.*
- If you were initially licensed **on or after March 1, 1997**, you must show that you have completed NCARB IDP/AXP.
- If you were initially licensed **before January 1, 1991**, you must meet the Minnesota requirements for education, examination and experience in effect when you were initially licensed (see www.revisor.mn.gov/rules/?view=archive, select the relevant year, then "Chapters 1800 to 1805."

See [MN Rules 1800.0800](#), [1800.0850](#), and [1800.1000-1100](#) for additional information/requirements.

IF YOU HAVE AN NCARB RECORD:

1. Complete [pages 1, 3 and 4](#), skipping page 2 (Parts C-E).
2. Request that your NCARB Record be sent to Minnesota: Log into My NCARB (my.ncarb.org/Login). Go to "NCARB Record," select "Request Transmittal of NCARB Record," and follow the instructions.

Do **NOT** complete the Experience Reference or Licensure Verification forms. Your NCARB Record provides the needed information.

IF YOU DO NOT HAVE AN NCARB RECORD:

1. Complete **ALL** parts of [pages 1-4](#).
2. Request that your educational institution(s) send an official transcript, showing the degree awarded and the date of graduation. This official transcript must be sent to the Board office in the original, sealed envelope from the institution.
3. Complete the "Applicant" portion of the [Verification of Exams and Current Licensure Form](#) for any state in which you hold a valid license and (if different) the state that holds your ARE® Exam results. Send them both pages of that form, along with any fee they may require* and a stamped envelope addressed to the Minnesota Board (see address above).
** Some states charge a fee for verification of your records. To avoid delay in processing your request, you may wish to contact your state to determine if there is a fee or any additional instructions.
4. Complete the "Applicant" portion of the [Experience Reference Form](#) and send to your supervisor(s) for completion. See that form for instructions.

*If you were foreign-educated or have a degree that is not NAAB-accredited: Education Evaluation Services for Architects (EESA) is a program administered by the National Architectural Accrediting Board (NAAB) for NCARB. This program enables you to have your non-accredited degree assessed to determine if it meets the NCARB Education Standard for licensure and identify what, if any, deficiencies remain to be satisfied. An NCARB Record must be established for an EESA-NCARB evaluation. Contact NCARB for more information.

**Submit along with your application the non-refundable application fee of \$100.00 to the address above.
Make check payable to MN Board of AELSLAGID. Do not send cash.**

Once your application, including required documentation, is received, the Board will review it.
You will be notified by letter whether your application was approved or denied.
If your application is approved, you will receive instructions for obtaining your professional license.

**If you have questions regarding your application, contact Laurie Nistl at 651-757-1515 / laurie.nistl@state.mn.us.
Or call the Board office at 651-296-2388.**



| FOR BOARD USE ONLY |
|--------------------|
| Application # |
| |

ARCHITECT BY COMITY APPLICATION

Application Fee: \$100

| FOR BOARD USE ONLY |
|-----------------------|
| License # |
| Date Licensed Issued |
| Application Fee \$ |

Part A: Applicant Information (All fields are required.)

Note: If any of the information below changes after you submit this application, you must notify the Board immediately.

- Are you or your spouse an active duty military member? Or have you left service in the last two years with an honorable or general discharge? No Yes (Priority processing)
- The address below is my (check one): Home Business. If **business**, list name: _____
- General/contact information:

| | |
|---|---|
| Legal Name _____ <small>(First) (Middle) (Last) (Suffix)</small> | SS # _____ <small>(Or Individual Taxpayer ID #, if no Social Security #)</small> |
| Former Name _____ <small>(If applicable)</small> | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address _____ <small>(No PO boxes)</small> | Birth Date _____ <small>(MM) (DD) (YYYY)</small> |
| City _____ State/Province _____ | Phone # _____ |
| Zip/Postal Code _____ Country _____ | |

Part B: License Application Information

- Do you hold a **Minnesota** license or certificate as any of the following (check all that apply):

| | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Professional Engineer | <input type="checkbox"/> Land Surveyor | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Professional Geologist |
| <input type="checkbox"/> Professional Soil Scientist | <input type="checkbox"/> Certified Interior Designer | <input type="checkbox"/> N/A (Not Applicable) | | |

 If applicable, list the license/certificate number(s): _____
- Have you ever had a license/certificate in any jurisdiction for **any** of the professions listed above disciplined, denied, surrendered, suspended or revoked? If **yes**, attach a statement of explanation. Yes No
- Will you be submitting an NCARB Record?

| |
|--|
| <input type="checkbox"/> Yes — skip to Parts F and G. |
| <input type="checkbox"/> No — complete Parts C-G , the Experience Reference Form and Verification of Examination/Licensure Form . |

Part C: Record of Licensure

List all states (other than MN) or countries in which you **currently** hold an architect’s license. Attach a sheet if needed.

Note: If you **do not** already hold an architect license in another state, you cannot apply by comity. Use instead the [Application for Initial Licensure as an Architect Form](#).

| WHERE LICENSED | LICENSE # | DATE ISSUED (MM/YYYY) | CHECK METHOD FOR EACH LICENSE | | | |
|----------------|-----------|-----------------------|------------------------------------|-----------|--------------------------------|--------|
| | | | Written Exam—List Number of Hours: | Oral Exam | Exemption (Grandfather Clause) | Comity |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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Part D: Education

1. List all undergraduate and graduate degrees. **You must submit a final, official transcript** from each educational institution. Transcripts must arrive in a sealed envelope from the institution.

| College/University Attended | City, State, Country | Graduation Date (mm/yyyy) | Degree Received |
|-----------------------------|----------------------|---------------------------|-----------------|
| | | | |
| | | | |

2. If none of the degrees above are from an NAAB-accredited institution, are you submitting the required degree evaluation ([see page Instr-1](#))? Yes No N/A

Part E: Experience References (Qualifying Experience)

Note: The amount of qualifying experience you must document depends upon the requirements in place in Minnesota at the time of your initial licensure (see [Instructions](#)). **Qualifying experience must be verified by a licensed architect.**

1. List those supervisors verifying your experience. Provide as many names as necessary to verify all the required experience. Attach sheets if necessary. List in chronological order of your employment.

| Supervisor’s Name | Business Name & Address | Supervisor’s License Number | Issuing State | Your Employment Dates |
|-------------------|-------------------------|-----------------------------|---------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

2. Provide an [Experience Reference Form](#) (included in this application packet) with the “Applicant” (your) portion completed to **all those listed above**. See that [form](#) for further instructions.

Part F: Rules of Professional Conduct (MN Rules 1805.0100-1805.1600)

Read below, then sign and date. Keep a copy of this document for your records.

1805.0100 PROFESSIONAL CONDUCT.

Subpart 1. Purpose. This rule of professional conduct is adopted for the purpose of implementing the laws and rules governing the practice of architecture, engineering, land surveying, landscape architecture, and geoscience including Minnesota Statutes, section 326.11.

Subp. 2. Scope. This rule is applicable to and binding upon each person, corporation, or partnership subject to the regulatory jurisdiction of the board and each person subject to the control of the licensee.

Subp. 3. Imputed knowledge of professional responsibility. Each licensee who holds a certificate of licensure issued by the board is charged with knowledge of this rule. In the exercise of the privileges and rights granted by the certificate of licensure, the licensee shall conform professional conduct to the public and to the board in accordance with the provisions of this rule, and shall, as a condition of licensure, subscribe to and agree to conduct the practice in accordance with the provisions of this rule.

1805.0200 PERSONAL CONDUCT.

Subpart 1. Public confidence and personal integrity. A licensee shall avoid any act which may diminish public confidence in the profession and shall, at all times, conduct himself or herself, in all relations with clients and the public, so as to maintain its reputation for professional integrity.

Subp. 2. False statements and nondisclosure. A licensee shall not submit a materially false statement or fail to disclose a material fact requested in connection with the application for certification or licensure in this state or any other state.

Subp. 3. Knowledge of unqualified applicants. A licensee shall not further the application for certification or licensure of another person known by the licensee to be unqualified in respect to character, education, or other relevant factor.

Subp. 4. General prohibitions. A licensee shall not: A. circumvent a rule of professional conduct through actions of another; B. engage in illegal conduct involving moral turpitude; C. engage in conduct involving dishonesty, fraud, deceit, or misrepresentation; D. engage in conduct that adversely reflects on the licensee's fitness to practice the profession; or E. permit the licensee's name or seal to be affixed to plans, specifications, or other documents which were not prepared by or under the direct supervision of the licensee.

1805.0300 CONFLICT OF INTEREST.

Subpart 1. Employment. A licensee shall avoid accepting a commission where duty to the client or the public would conflict with the personal interest of the licensee or the interest of another client. Prior to accepting such employment the licensee shall disclose to a prospective client such facts as may give rise to a conflict of interest.

Subp. 2. Compensation. A licensee shall not accept compensation for services relating or pertaining to the same project from more than one party unless there is a unity of interest between or among the parties to the project and unless the licensee makes full disclosure and obtains the express consent of all parties from whom compensation will be received.

Subp. 3. Gifts. A licensee shall not, directly or indirectly, solicit or accept any compensation, gratuity, or item of value from contractors, their agents, or other persons dealing with the client or employer in connection with the work for which the licensee has been re-

tained without the knowledge and approval of the client or the employer.

1805.0400 IMPROPER SOLICITATION OF EMPLOYMENT.

A licensee shall seek and engage in only the professional work or employment the professional is competent and qualified to perform by reason of education, training, or experience. A licensee shall not falsify or misrepresent the extent of the licensee's education, training, experience, or qualifications to any person or to the public; nor misrepresent the extent of the licensee's responsibility in connection with any prior employment. A licensee shall not transmit, distribute, or publish or allow to be transmitted, distributed, or published, any false or misleading information regarding the licensee's own qualifications, training, or experience or that of his or her employer, employees, associates, or joint venturers. A licensee shall not tender any gift, pay, or offer to pay, directly or indirectly, anything of substantial value, whether in the form of a commission or otherwise, as an inducement to secure employment. A licensee is not prohibited from paying a commission to a licensed employment agency for securing a salaried position.

1805.0500 FALSE OR MALICIOUS STATEMENTS.

A licensee shall make no false or malicious statements which may have the effect, directly or indirectly, or by implication, of injuring the personal or professional reputation or business of another member of the profession.

1805.0600 KNOWLEDGE OF IMPROPER CONDUCT BY OTHERS.

A licensee who has knowledge or reasonable grounds for believing that another member of the profession has violated any statute or rule regulating the practice of the profession shall have the duty of presenting such information to the board. A licensee, when questioned concerning any alleged violation on the part of another person by any member or authorized representative of the board commissioned or delegated to conduct an official inquiry, shall neither fail nor refuse to divulge such information as the licensee may have relative thereto.

1805.0700 ACTION BY OTHER JURISDICTION.

Convictions of a felony without restoration of civil rights, or the revocation or suspension of the certificate of licensure of a licensee by another jurisdiction, if for cause which in the state of Minnesota would constitute a violation of law or of these rules, shall be deemed to be a violation of these rules of professional conduct. Any licensee adjudged mentally incompetent by a court of competent jurisdiction shall, until restored to mental competency, be deemed to be incompetent to practice the profession within the meaning of Minnesota Statutes, section 326.11, subdivision 2.

1805.0800 EMPLOYMENT ON THE BASIS OF MERIT.

A licensee as an employer, shall refrain from engaging in any discriminatory practice prohibited by law and shall, in the conduct of the business, employ professional personnel solely upon the basis of merit.

1805.0900 MISCONDUCT.

Misconduct within the meaning of Minnesota Statutes, section 326.11, subdivision 1 shall include any act or practice in violation of the rules of professional conduct as set forth in parts 1805.0100 to 1805.0800.

1805.1500 REGISTRATION.

No corporation, partnership, or other firm engaged in the practice of architecture, engineering, land surveying, landscape architecture, or geoscience, or two or more of these professions, shall contract with or accept employment for professional services of an architectural, engineering, land surveying, landscape architectural, or geoscience character as defined in Minnesota Statutes, sections 326.02 to 326.15 unless a member or employee of the corporation, partnership, or other firm in responsible charge of the work is registered and licensed under the provisions of Minnesota Statutes, sections 326.02 to 326.15 to practice the profession called for by the employment.

1805.1600 RESPONSIBLE CHARGE AND DIRECT SUPERVISION.

Subpart 1. Responsible charge; defined. A person in responsible charge of architectural, engineering, land surveying, landscape architectural, geoscience, or certified interior design work as used in Minnesota Statutes, section 326.14 means the person who determines design policy, including technical aspects, advises with the client, superintends subordinates during the course of the work and, in general, the person whose professional skill and judgment are embodied in the plans, designs, and advice involved in the work. Plans and specifications for buildings, structures, or projects of standard design which have been designed outside the state shall bear the certification of the design professional licensed in another United States licensing jurisdiction. In addition, a Minnesota licensed architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer shall review the design and certify that it is appropriate to the site on which construction is proposed and is in compliance with the State Building Code adopted by the Department of Administration where the building code is in effect.

Subp. 2. Direct supervision; defined. A person in direct supervision of work as referred to in Minnesota Statutes, section 326.12, subdivision 3, means that person who is the employer, an employee of the same firm, or who is under contract to or from another firm and who is in responsible charge of the technical aspects of the architectural, engineering, land surveying, landscape architectural, geoscience, or certified interior design work in progress, and whose professional skill and judgment are embodied in the plans, specifications, reports, plats, or other documents required to be certified pursuant to that subdivision. A person in direct supervision of work directs the work of other licensees, interns, draftspeople, technicians, and clerical persons assigned to that work and is in responsible charge of the project comprising the work being supervised.

Printed Name

Date

Signature

Part G: Affidavit

Read the statements, **select the appropriate yes/no response**, then **sign and date** below.

- A “Yes” answer means the statement is true.
- If you answer “No” to any of the statements, you **must** enclose a statement of explanation for each checked statement. Your application is not considered complete until you provide the required explanation(s).
[MN Rule 1800.0400 Subp. 5 \(2018\)](#)

| | |
|--|--|
| 1. I have read and will comply with the provisions of Minnesota Statutes §§ 326.02 – 326.15 (2018) and the Rules and Regulations adopted thereunder; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I am not under any disciplinary proceeding or action, pending or otherwise, in any other jurisdiction; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I have never been convicted of a felony; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I have not represented myself as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer, without proper licensure or certification, either verbally or on any printed matter, in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design; and | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. I have not performed or offered to perform architectural, professional engineering, land surveying, landscape architectural, professional geological, professional soil scientific, or certified interior designer services, without proper licensure or certification in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I swear/affirm I have read the application and that my answers to the statements are true and complete.

Applicant Signature _____

Date _____

NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (MN Statute §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to approve your application or issue your license.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, subdivision 4 (2018) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, subdivision 2 (2018), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless you authorize its release or it is required by law.

THIS SECTION FOR BOARD USE ONLY

| |
|----------------------------|
| Application Withdrawn Date |
|----------------------------|

| |
|--|
| RECOMMEND DENIAL OF APPLICATION |
| Board Member Signature |
| Board Member Name |
| Date |

| |
|--|
| RECOMMEND APPROVAL OF APPLICATION |
| Board Member Signature |
| Board Member Name |
| Date |



EXPERIENCE REFERENCE FORM COMITY APPLICATION INSTRUCTIONS

NOTE: Use this form **only** if you are **not** submitting an NCARB Council Record (see [Application Instructions](#)).

Applicant Instructions:

This form serves to document in detail your work experience. **Note that experience requirements vary depending upon application method** (see [MN Rule 1800.1000 Subpart 6-7](#) and the [Architect by Comity Application Instructions](#)).

1. Complete the areas marked **APPLICANT**. Be sure to sign and date the form (see [middle of page 1](#)).
2. When completing the **APPLICANT** fields for the [Description of Work](#) (page 2), be detailed and accurate.
3. Provide separate copies of this form to each supervisor you listed on [Part E: Experience References](#) of the [Architect by Comity Application Form](#). Include only the information/hours appropriate to each supervisor. Provide the supervisor(s) with ALL pages of this form, **including this instruction page**.
4. Ask the supervisor(s) to return this form **directly to the Board office** (see address above). You may wish to provide them with a stamped and addressed envelope for this purpose.

Supervisor Instructions:

1. Complete all areas marked **SUPERVISOR**. All are **required**. Be sure to sign and date the form (see [bottom of page 1](#)).
2. For the [Description of Work](#) (page 2) **initial** next to every description you can substantiate. Leave the initial field blank for any description you **cannot** substantiate.
3. Return the form (pages 1 and 2) **directly to the Board office** (see address above).

If you have questions about this form, please call the Board office at 651-296-2388.

NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (MN Statute §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to approve your application or issue your license.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, subdivision 4 (2018) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, subdivision 2 (2018), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless you authorize its release or it is required by law.



EXPERIENCE REFERENCE FORM ARCHITECT COMITY

Please read the INSTRUCTIONS page before completing.

1: General Information and Signatures

APPLICANT: COMPLETE THIS SECTION

Applicant Name _____
(Legal first name - no nicknames) (Last)

Applicant Title _____
(Job title at employer listed below)

Supervisor Name _____

Employer/Company Name _____

Employment Dates: _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

Employment Type: Full Time Part Time - If part time, indicate hours per week: _____

Postmark Date: _____
(MM/DD/YYYY)

Provide a date prior to the application deadline by which you want the supervisor to return this form to the Board.

APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO SUPERVISOR.
I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference with respect to my experience and employment. I authorize the release of information, favorable or otherwise, **directly** to the Board.

Applicant Signature Date

SUPERVISOR: COMPLETE THIS SECTION

The Board requests your cooperation in making its evaluation of the qualifications of the applicant more thorough. All information secured from supervisors/employers is for the use of the Board. In keeping with the [Minnesota Government Data Practices Act](#), the information you provide will be private until the applicant becomes certified, at which time it will be classified as public information.

Please return this signed and completed form to the Board by the postmark date indicated in the box above.

1. I directly supervised the applicant's work: Yes No

2. The applicant provided correct employment dates and hours worked per week above: Yes No

If **no**, provide correct dates/hours: _____

I hereby certify that the applicant's qualifying architectural experience initialed by me on page 2 of this form was obtained under my direct supervision.

Supervisor Signature Date

Printed Name Architect license # State where licensed

2: Description of Work/Projects/Responsibilities

Applicant Name: _____

Supervisor Name: _____

APPLICANT: Use this section to document qualifying experience as defined in [MN Rule 1800.1000 Subp. 7](#). Complete all information for each assignment or engagement. The description of work must accurately reflect the character of the work, the degree of responsibility, the location of the work and the client.

REQUIRED!

SUPERVISOR: Initial next to **every description** you can substantiate in the box on the column at right.



| APPLICANT: Describe your work in detail (projects, location/setting, clients, degree of responsibility, skills demonstrated). | SUPERVISOR: Initial below. |
|---|--------------------------------------|
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VERIFICATION OF EXAMINATION AND/OR LICENSURE (ARCHITECT)

TO BE COMPLETED BY APPLICANT

Complete **Section A** and send a signed copy of this form to a state where you have a valid license and (if different) the state that holds your exam scores. **Check with those states regarding fees or other filing requirements**, as failure to do so may delay their processing of this form. **THIS IS A TWO-PAGE FORM. SEND BOTH PAGES.**

TO: (Address of state board completing form)

Legal Name _____
(First) (Middle) (Last) (Suffix)

Last 4 of SS # XX-XXX- Former Name _____
(if applicable)

Address _____

City _____ State _____ Zip _____

I am applying to the Minnesota Board of AELSLAGID. I authorize the Verifying Board to provide any and all pertinent information requested.

Applicant Signature _____

Date _____

TO BE COMPLETED BY VERIFYING BOARD

Complete all relevant items in **Sections B–G** and return **both pages** to the Minnesota Board at the address above.

Section B: Registration/License Held by Applicant

| Registration | Certificate/License # | Date Issued (mm/dd/yyyy) | Expires (mm/dd/yyyy) |
|--------------|-----------------------|-----------------------------|-------------------------|
| Architect | | | |

Section C: Basis of Licensure

(Check box next to applicable situation and provide any details requested.)

EXAMINATION. Total hours: _____.

Note: Provide detail in **Section F: Record of Examinations** on page 2.)

COMITY with the following state(s): _____.

EDUCATION AND EXPERIENCE. If checked, please attach information detailing what your state's requirements where at the time this individual became licensed in your state.

Section D: Experience (IDP/AXP)

(Check all that apply and provide any details requested.)

Completed NCARB IDP/AXP. Date completed: _____.

Completed state-specific IDP/AXP. Date completed: _____.

Completed neither NCARB IDP/AXP nor state-specific IDP/AXP.

Section E: Investigations or Complaints

Has formal disciplinary action ever been taken against the above-named individual?

If **yes**, attach a detailed explanation.

Yes No

Continued on back page.

Section F: Record of Examinations

| Examination Syllabus (1954 – 1975) | Hrs | Grade | 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) | Hrs | Grade | Date Passed |
|--|-----|-------|----------------|
| I. Architectural Theory | 2 | | |
| II. Construction Theory & Practice | 8 | | |
| III. Architectural Design/Site Planning | 10 | | |

| Qualifying Test (June 1977 – June 1982) | Hrs | 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 Problems) | 11 | | |

| Professional Examination - Section A (June 1979–June 1982) | Hrs | Grade | Date Passed |
|---|-----|-------|----------------|
| Design/Site Test | 12 | | |

| Professional Examination (December 1973–December 1978) Section B (1979 – 1982) | Hrs | 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 (ARE) | | | | | | ARE®3.1 | |
|--|-------|----------------|----------------------------|-------|----------------|--|----------------|
| 1983 – 1987 (32½ Hours) | Grade | Date Passed | 1988 – 1996 (33½ Hours) | Grade | Date Passed | 1997–2009 (33½ Hours) | Date Passed |
| A–Pre–Design | | | A–Pre–Design | | | Pre-Design (PD) | |
| B–Site Design | | | B–Site Design, Written | | | Site Planning (SP) | |
| | | | B–Site Design, Graphic | | | | |
| C–Bldg. Design | | | C–Bldg. Design | | | Bldg. Planning (BP) | |
| D–General Structure | | | | | | Bldg. Technology (BT) | |
| E–Lateral Forces | | | D/F–General & Long Span | | | General Structures (GS) | |
| F–Long Span Structure | | | E–Lateral Forces | | | Lateral Forces (LF) | |
| G–Mech./Elec. | | | G–Mech./Elec. | | | Mech./Elec. Systems (ME) | |
| H–Materials/Methods | | | H–Materials/Methods | | | Materials/Methods (MM) | |
| I–Construction Documents | | | I–Construction Documents | | | Construction Documents & Services (CDS) | |

| ARE® 4.0 2010–October 2016 (33½ Hours) | Date Passed |
|--|----------------|
| Program Planning & Practice | |
| Site Planning & Design | |
| Building Design & Construction Systems | |
| Schematic Design | |
| Structural Systems | |
| Building Systems | |
| Construction Documents & Services | |

| ARE® 5.0 November 2016– (33½ Hours) | Date Passed |
|---|----------------|
| Practice Management | |
| Project Management | |
| Programming & Analysis | |
| Project Planning & Design | |
| Project Development & Documentation | |
| Construction & Evaluation | |

Section G: Verifying Board Signature

The information provided herein is correct to the best of our knowledge.

Signature _____

Printed Name _____

Title _____

Date _____

Board
Seal