RECIPROCAL LICENSING APPLICATION-WITHOUT NCARB CERTIFICATION

LICENSURE REQUIREMENTS

1. You must hold a current license in the state of your original licensure.

2. If you were initially licensed after July 1, 1989, an NAAB accredited degree is required.

3. Without an NAAB accredited degree, you are not eligible for reciprocal licensure in Pennsylvania.

4. If you were initially licensed after June 1992, completion of the Intern Development Program (IDP) is required.

5. Without the IDP, you are not eligible for reciprocal licensure in Pennsylvania.

6. If you were initially licensed before June 1992, verification of experience is required. You must complete the experience background section of this application.

INSTRUCTIONS

1. Complete all sections of the application.

2. Request certification of licensure and examination scores from the state of your original licensure to be forwarded *directly* to this office.

3. Contact NCARB and request your IDP file to be forwarded *directly* to this office.

4.. Forward Page 5 to your school to be completed and forwarded *directly* to this office.

5. List your name on the first line of each reference form and forward those forms to the individuals you listed on this application. References must be forwarded *directly* to this office.

INFORMATION

Applications which are not complete within 6 months from date of receipt will be invalid. A new application and fee will be required to reapply.

Correspondence and documents will be forwarded to your place of business.

Mail will not be forwarded, maintain a current business address with the board office.

Licenses expire June 30th of odd-numbered years regardless of initial date of licensure.

STATE ARCHITECTS LICENSURE BOARD

MAILING ADDRESS
STATE ARCHITECTS LICENSURE BOARD
P.O. BOX 2649
HARRISBURG, PA 17105

COURIER ADDRESS
STATE ARCHITECTS LICENSURE BOARD
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

PHONE 717-783-3397
FAX 717-705-5540
E-MAIL st-architect@state.pa.us
WEBSITE www.dos.state.pa.us

RECIPROCAL LICENSING APPLICATION-WITHOUT NCARB CERTIFICATION

INITIAL LICENSURE - $50.00 NON-REFUNDABLE APPLICATION FEE.
Check or money order only, made payable to the "Commonwealth of Pennsylvania."
There is a $20.00 charge for all checks returned "not paid" regardless of the reason for non-payment.

SECTION 1: ***If your name has changed since you completed the examination, provide a copy of the marriage certificate or court order.***

APPLICANT NAME		
FIRM NAME		
FIRM ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
SOCIAL SECURITY NUMBER		
BIRTH DATE		
BUSINESS TELEPHONE NUMBER		

SECTION 2:

HOME ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
HOME TELEPHONE NUMBER		

SECTION 3: List states where you hold architect registration (*attach additional sheets if necessary)*

STATE	STATE	STATE
INITIAL LICENSURE DATE	INITIAL LICENSURE DATE	INITIAL LICENSURE DATE
LICENSE #	LICENSE #	LICENSE #

SECTION 4: Verification of Education must be received *directly* from your college or university (*if initially licensed after July 1, 1989 an NAAB degree is required)*

COLLEGE/UNIVERSITY NAME/S	GRADUATION DATE	DEGREE

SECTION 5: Experience Background ***Begin with current employment and list all employment (including military experience). You may photocopy this page if necessary.***

EMPLOYER NAME		
FIRM NAME		
FIRM ADDRESS	**STREET**	
	CITY/STATE	
	ZIP CODE	
DATES OF EMPLOYMENT		**FROM** **TO**
FULL TIME		YEARS MONTHS
PART TIME		YEARS MONTHS
TYPE OF EMPLOYMENT		[ ] GENERAL PRACTICE OF ARCHITECTURE [ ] TEACHING RESEARCH [ ] PUBLIC SERVICE [ ] OTHER (EXPLAIN):

EMPLOYER NAME		
FIRM NAME		
FIRM ADDRESS	**STREET**	
	CITY/STATE	
	ZIP CODE	
DATES OF EMPLOYMENT		**FROM** **TO**
FULL TIME		YEARS MONTHS
PART TIME		YEARS MONTHS
TYPE OF EMPLOYMENT		[ ] GENERAL PRACTICE OF ARCHITECTURE [ ] TEACHING RESEARCH [ ] PUBLIC SERVICE [ ] OTHER (EXPLAIN):

EMPLOYER NAME		
FIRM NAME		
FIRM ADDRESS	**STREET**	
	CITY/STATE	
	ZIP CODE	
DATES OF EMPLOYMENT		**FROM** **TO**
FULL TIME		YEARS MONTHS
PART TIME		YEARS MONTHS
TYPE OF EMPLOYMENT		[ ] GENERAL PRACTICE OF ARCHITECTURE [ ] TEACHING RESEARCH [ ] PUBLIC SERVICE [ ] OTHER (EXPLAIN):

SECTION 6: List name and address of 3 architects who will provide verification of your professional abilities

NAME	ADDRESS

SECTION 7: The following questions must be answered:

If you answered "yes" to #2 #3 or #4, provide a certified copy of the record with this application.

		YES	NO
1. Do you hold a license to practice this profession in any other state or jurisdiction? List:			
2. Have you had any disciplinary action instituted or taken against your license in any state or jurisdiction?	☐ **Check here if action was taken in PA Certified Copies Not Required**		
3. Have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state or jurisdiction?			
4. Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violations, or any criminal charges pending and unresolved in any state or jurisdiction?			

SECTION 8: Certification

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA.C.S. §4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

_____ _____

Applicant signature (same person as listed in Section 1) **Date**

SOCIAL SECURITY ACT CERTIFICATION

This licensing board is obligated to inform each applicant or licensee from whom it requests a Social Security number on any application or form that disclosing such number is mandatory in order for this licensing board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), this licensing board must provide to DPW information prescribed by DPW about the licensee, including the Social Security number.

In the event that this licensing board takes disciplinary action against an applicant or licensee, this board may disclose their Social Security number if applicant or licensee voluntarily agrees to the disclosure of this information to the appropriate professional association. This organization compiles information about individual applicants and licensees and transmits that information to other licensing boards in order to coordinate licensure and disciplinary activities between the individual states. If you do not voluntarily provide your Social Security number for this purpose, information about you will still be transmitted to this organization should you be disciplined by this licensing board, but that information will not include your Social Security number.

I certify that I have read the above statement, understand the full intent and I do give this licensing board permission to report my Social Security number to the appropriate professional association or licensing board.

_____ _____

Signature **Date**

STATE ARCHITECTS LICENSURE BOARD
MAIL: P. O. BOX 2649
HARRISBURG, PA 17105-2649
TELEPHONE: (717) 783-3397
COURIER: PENN CENTER, 2601 N. THIRD STREET
HARRISBURG, PA 17110
FAX: (717) 705-5540

VERIFICATION OF EDUCATION

SECTION 1: ***APPLICANT COMPLETE AND FORWARD THIS FORM TO SCHOOL.***

APPLICANT NAME
HOME ADDRESS

SECTION 2: ***SCHOOL OFFICIAL COMPLETE AND FORWARD FORM DIRECTLY TO THE STATE ARCHITECTS LICENSURE BOARD AT THE ABOVE ADDRESS.***

I CERTIFY THAT _____ GRADUATED

WITH A_____ GRADUATE _____ UNDERGRADUATE DEGREE IN _____

GRADUATION DATE: _____

SCHOOL NAME: _____

ADDRESS: _____

_____

NAME OF CERTIFYING OFFICIAL _____

SIGNATURE OF CERTIFYING OFFICIAL _____

OFFICIAL TITLE: _____ DATE: _____

(AFFIX SCHOOL SEAL)

STATE ARCHITECTS LICENSURE BOARD
MAIL: P. O. BOX 2649 HARRISBURG, PA 17105-2649
TELEPHONE: (717) 783-3397
COURIER: PENN CENTER, 2601 N. THIRD STREET HARRISBURG, PA 17110
FAX: (717) 705-5540

REFERENCE FORM

_____ has listed you as a reference on an architect licensure application.

Please provide the following information: ***type or print clearly***

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ YEARS _____ MONTHS
WAS THE APPLICANT IN YOUR EMPLOY? [ ] YES [ ] NO IF YES, FROM: _____/_____/_____ TO _____/_____/_____

Check the employment activities on the following list:

GENERAL DRAFTING	GENERAL DESIGN	STRUCTURAL DESIGN
ELECTRICAL SYSTEMS	ADMINISTRATION	INSPECTION OF CONSTRUCTION
DETAILING	DECORATIVE DESIGN	MECHANICAL SYSTEMS
SPECIFICATION WRITING	COST ANALYSIS	RENDERINGS/PERSPECTIVE

Check your opinion of the applicant's competency in the following areas:

TECHNICAL KNOWLEDGE	EXCELLENT	SATISFACTORY	UNSATISFACTORY
PROFESSIONAL EXPERIENCE	EXCELLENT	SATISFACTORY	UNSATISFACTORY
PROFESSIONAL REPUTATION	EXCELLENT	SATISFACTORY	UNSATISFACTORY

Check your opinion of the applicant's character in the following areas:

TRUTHFUL	RELIABLE	TRUSTWORTHY	GOOD MORAL CHARACTER

Do you believe the applicant to be qualified to practice architecture? [ ] YES [ ] NO

YOUR NAME		
FIRM NAME		
FIRM ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
ARCHITECT LICENSE # AND STATE	LICENSE #	STATE

Affix your professional seal in this area and return this form *directly* to the address listed above at your earliest convenience.

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	CITY/STATE	
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