Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8506



www.dpor.virginia.gov

# Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects ARCHITECT INFORMATION SHEET

Completed application packages must include all required documentation and fees. All additional information accompanying the certification application must be identified with the applicant's name. It is the applicant's responsibility to ensure that the Virginia Board receives the completed package.

## **EXAMINATION ON BOARD REGULATIONS & STATUTES**

Applicants for licensure or certification are required to read and understand the *Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations* prior to applying for licensure or certification. Pursuant to Regulation 18VAC10-20-85, all applicants for licensure or certification must achieve a passing score on a Board-supplied examination pertaining to the Board's regulations and relevant statutes. Once the application is received by the Board office, the examination will be forwarded to the applicant and must be completed and returned for scoring. Applicants will only be notified if they did **not** achieve a passing score on this examination.

## REQUIREMENTS FOR LICENSURE

# Applying by Examination\*

(The exam eligibility period is approved for 3 years.)

- Architect License Application, application fee; and
- three <u>Architect Reference Forms</u> (less than one year old) completed by licensed Architect who has known the applicant for at least one year, and who has been associated with the applicant within the last 5 years;

# Re-eligibility for Examination

To become exam-eligible again, the applicant may reapply using this application. The original eligibility period must be <u>expired</u> (for **less than** 6 months) and the applicant must have taken at least <u>one examination</u> during the previous eligibility period. If the applicant does not meet these requirements, they are required to resubmit new references with this application, along with the application fee.

## ➤ Applying by Comity with a NCARB Certificate Record

(for those who have been licensed in another state, jurisdiction, possession or territory of the United States, or a province of Canada)

- Architect License Application, application fee; and
- a NCARB Certificate Record that includes verification of current licensure in another state, jurisdiction, territory of the United States, or a province of Canada.

# ➤ Applying by Comity without a NCARB Certificate Record

(for those who have been licensed in another state, jurisdiction, possession or territory of the United States, or a province of Canada)

- Architect License Application, application fee;
- Three <u>Architect Reference Forms</u> (less than one year old) completed by licensed Architects who have known the applicant for at least one year, and who has been associated with the applicant within the last 5 years;
- <u>Experience Verification Form</u> or <u>Client Verification Form</u> to document all required experience;
- <u>Degree Verification Form</u>; or Official Transcript and
- <u>Verification of Examination and Licensure Form</u> to verify a passing grade on a nationally-recognized examination which leads to licensure as an architect.
  - \* Applicant applying for licensure by comity without an NCARB Certificate Record must meet the eligibility requirements in effect in Virginia at the time of their original licensure in another jurisdiction. If the applicant does not meet the Virginia requirements that were in effect at the time of original licensure, the applicant shall be required to meet the Virginia entry requirements current at the time the completed application for comity is received in the Board's office.

# ➤ Applying to Reinstate a license

(for those whose license expired five or more years ago)

- Architect License Application, reinstatement fee;
- documentation showing successful completion of 16 hours of continuing education completed in the last 2 years;
- three <u>Architect Reference Form</u>\*(less than one year old) completed by a licensed Architect who has known the applicant for at least one year, and who has been associated with the applicant within the last 5 years; and
- <u>Experience Verification Form</u> or <u>Client Verification Form</u>\* to document experience from the **date of expiration** of the license to the **present**.
- \* An NCARB certificate record may be submitted in lieu of references and experience.

#### **EXPERIENCE**

All experience must be verified on either an <u>Architect Experience Verification Form</u> or <u>Architect Client Experience Verification Form</u>. Any experience verified on forms other than those provided by the Department of Professional and Occupational Regulation will not be considered. Resumes and attachments are not acceptable. An <u>Architect Client Experience Form</u> is available for comity and reinstatement applicants verifying periods of self-employment. A minimum of three <u>Architect Client Experience Verification</u> <u>Forms</u> must be submitted for each period of self-employment. Applicants cannot verify their own experience. No credit is allowed for non-verified experience.

## **REFERENCES**

All applicants are required to submit three references on the <u>Architect Reference Form</u> from a licensed architect who has known the applicant for at least one year and who has been associated with the applicant within the last 5 years.

#### LICENSE AND EXAMINATION VERIFICATION

Applicants for licensure by comity must meet the Virginia eligibility requirements in effect at the time of their original licensure in another jurisdiction or possess an NCARB certificate. If the applicant does not meet those requirements or possess an NCARB certificate, the applicant shall be required to meet the entry requirements current at the time the completed application for comity is received by the Board office. A <u>Verification of Architect Examination and Licensure Form</u> is available for the verification of out-of-state exams and licenses. It is the applicant's responsibility to ensure that the Virginia Board receives the verification along with other supporting documents as noted in these instructions.

#### **TOEFL iBT**

Applicants for licensure must be able to speak and write English to the satisfaction of the Board. Applicants from a non-English speaking country or a country where the primary language is not English, who have not graduated from a college or university in which English is the language of instruction, shall submit to the Board a TOEFL iBT (Test of English as a Foreign Language) score report that reflects a score acceptable to the Board. A score of 20 or better is required in each exam category. Score reports shall not be more than two years old at the time of application.

# **EXAMINATION**

Additional information concerning the examination is available at: National Council of Architectural Registration Boards 1401 H Street, NW, Suite 500 Washington, DC 20005

Telephone: (202) 783-6500 Website: www.ncarb.org

Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Board fo



Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects ARCHITECT LICENSE APPLICATION

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert must</u> be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

All applicants are required to read and understand the *Board for Architects*, *Professional Engineers*, *Land Surveyors*, *Certified Interior Designers* and *Landscape Architects Regulations* available at: <a href="https://www.dpor.virginia.gov/Boards/APELS">https://www.dpor.virginia.gov/Boards/APELS</a> prior to applying for licensure.

| Method of Licensure   | Trans          | Fee         |
|---|----------------|-------------|
| By Examination  | 1005           | \$150.00    |
| Is this the first time you have applied in Virginia to take the exam? Yes \ No  |                |             |
| ☐ By Comity   | 1021           | \$150.00    |
| Are you applying with an NCARB Certificate Record?  Yes  No   |                |             |
| Reinstatement of VA Architect License that expired 5 or more years ago  | 4020           | \$410.00    |
| Have you <u>ever</u> held a <b>Virginia Architect License</b> ?   |                |             |
| No $\square$  |                |             |
| Yes If yes, provide the license number and expiration date below  |                |             |
|   |                |             |
| <u> </u>  | tion Date      |             |
| ❖ If the license expired more than 6 months ago, but less than 5 years, you are required  |                |             |
| License by completing an <u>Architect License Reinstatement Application</u> . <b>DO NO</b> APPLICATION.   | COMPLETE       | : THIS LIC  |
| <ul> <li>For an Architect license that expired 5 years or more, you are required to complete.</li> </ul>  | te this annlic | ation and n |
| Tel all radiites incomes that oxpired a years of interes, year are required to complete   |                |             |
| reinstatement fee.  |                | ation and p |
|   |                | ation and p |
|   | .,             | auon ana p  |
| Full Legal Name (As it appears on your government issued ID or other legal documentation.)  |                | Gene        |
| Full Legal Name (As it appears on your government issued ID or other legal documentation.)  Last (required) First (required) Middle   |                |             |
| Full Legal Name (As it appears on your government issued ID or other legal documentation.)  Last (required) First (required) Middle  Provide at least one of the following identification numbers*:   |                |             |
| Full Legal Name (As it appears on your government issued ID or other legal documentation.)  Last (required) First (required) Middle  Provide at least one of the following identification numbers*:  Social Security Number and/or  |                |             |
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| Full Legal Name (As it appears on your government issued ID or other legal documentation.)  Last (required) First (required) Middle  Provide at least one of the following identification numbers*:  Social Security Number and/or  | artment.       | Gene        |

| 6.    | Mailing Address (PO Box accepted)  The mailing address will be printed on the license. |   |  |  |  |  |  |
|-------|--|---|--|--|--|--|--|
| 7.    | •  | O Box <u>not</u> accepted)  DDRESS REQUIRED   | City   | Check here if Street Add   | ress is the <u>sar</u>                       | State State Mailing Address listed above   | Zip Code   |
|       |  |   | City   |  |  | State  | Zip Code   |
|       |  | your business address, inclu  | ude bus  | iness name, full street ac   | ddress and a                                 | any floor or suite number.   |  |
| 8.    | Contact Numbers  | Primary Telepl  | hone   | Alte   | ernate Telepho                               | one  |  |
| 9.    | Email Address  |   |  |  |  |  |  |
|       |  | Email addres  | s is cor   | sidered a public record a  | and will be d                                | isclosed upon request from a third   | party.   |
| 10.   | No   |   | ing for<br>I must<br>previo  | exam eligibility:<br>be expired (for less thous eligibility period.  | n <b>an</b> 6 monti<br>If the appli          | #15.<br>hs) and the applicant must hav<br>cant does <u>not</u> meet these requ   |  |
| 11.   | No ☐ Yes ☐ If ye 1) re er C/ pr  The board wil   | quirements; 2) three Angage in the practice of the Experience Forms esent.  * An NCARB certificate of the evaluate the applicate a regulant of the board. | Archite Archite of arch  Archite of arch  Archite  Archit | hen skip to question ser documentation sect Reference Formatic itecture; and 3) Arcumenting the requirements of the submitted in line. | #15: howing sus*docume chitect Exp red exper | ense that has expired 5 or more successful completion of 16 enting your competence are perience Verification Form(serience from the time of experiences and experience.  So to determine if the application of the serience is to determine if the serience. | hours of CE<br>nd integrity to<br>s) or <u>Architect</u><br>iration to the |
| 12.   | EDUCATION - Co   | mplete the following tak  | ole for  | your educational ex  | perience:                                    |  |  |
|       |  | Insi  | titution   |  | Degree<br>(BS, BA)                           | Major  | MM/YY<br>Completed   |
|       | elor of Architecture   |   |  |  |  |  |  |
| Bache |  |   |  |  |  |  |  |
| Maste | r of Architecture  |   |  |  |  |  |  |
| Ph.D. |  |   |  |  |  |  |  |
| ΓΠ.υ. |  |   |  |  |  |  |  |

| 13.   | Are you applying through <b>comity</b> ?  |   |                  |                 |                         |                        |                   |  |
|---|---|---|------------------|-----------------|-------------------------|------------------------|-------------------|--|
|   | No 🗌  | If no, proceed to question #14.   |                  |                 |                         |                        |                   |  |
|   | Yes   | If yes, complete the following questions (A & B) and then skip to question #15:   |                  |                 |                         |                        |                   |  |
|   | A.  | Are you ap  | oplying with a N | National Counc  | il of Architectural Reg | istration Board (NCAF  | RB) Certificate?  |  |
|   |   | No 🗌  | If no, provide   | e the following | documents:              |                        |                   |  |
|   |   | 1. <u>Architect Experience Verification Form(s)</u> or <u>Architect Client Experience Form(s)</u> documenting the required training/experience of a minimum of three years or more, depending on your education;  |                  |                 |                         |                        |                   |  |
|   |   | <ol> <li>Three <u>Architect Reference Forms</u> documenting competence and integrity to engage in the practice of<br/>architecture;</li> </ol>  |                  |                 |                         |                        |                   |  |
|   |   | 3. An <u>Architect Degree Verification Form</u> is required for all applicants who hold an NAAB-accredited professional degree in architecture. All other education must be verified with an <b>original</b> official school transcript; and  |                  |                 |                         |                        |                   |  |
|   |   | <ul> <li>4. <u>Verification of Examination and Licensure Forms</u> from each jurisdiction in which you passed an architect examination and currently hold an Architect License, Certification or Registration.</li> <li>If you were initially licensed after January 1, 2001, proof of completion of the NCARB-IDP or AXP is required.</li> </ul> |                  |                 |                         |                        |                   |  |
|   |   | Yes   | If yes, your I   | NCARB Certific  | cate Record must be t   | ransmitted directly to | the Board office. |  |
|   | B.  |   |                  |                 |                         |                        |                   |  |
|   | State/Jurisdic  | ction   | Did you pass a   | a written exam? | License, Certification  | or Registration Number | Expiration Date   |  |
|   |   |   | Yes              | No 🗌            |                         |                        |                   |  |
|   |   |   | Yes 🗌            | No 🗌            |                         |                        |                   |  |
|   |   |   | Yes 🗌            | No 🗌            |                         |                        |                   |  |
|   |   |   | Yes 🗌            | No 🗌            |                         |                        |                   |  |
| <ul> <li>14. Have you enrolled in the NCARB's Architectural Experience Program (NCARB-AXP)?</li> <li>No</li></ul> |   |   |                  |                 |                         |                        |                   |  |
|   | practice of architecture.   |   |                  |                 |                         |                        |                   |  |
| 15.   | Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body?  No  Yes  If yes, complete the <u>Disciplinary Action Reporting Form.</u> |   |                  |                 |                         |                        |                   |  |
| 16.   | <ul> <li>A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>?</li> <li>No</li></ul>                                |   |                  |                 |                         |                        |                   |  |

| В.   | Have you ever been convicted or found guilty, regardless United States of any non-marijuana misdemeanor?   | of the manner of adjudication, in any jurisdiction of the   |
|------|--|---|
|      | No  Yes If yes, complete the Criminal Conviction Re  | porting Form.   |
| By s | gning this application, I certify the following statements:  |   |
| •    | I am aware that submitting false information or omitting application will delay processing and may lead to licens I will notify the Board of any changes to the informative requested license, certification, or registration including a felony or misdemeanor (in any jurisdiction). | e revocation or denial of license.<br>tion provided in this application prior to receiving the                  |
| •    | I authorize the Department to verify information conceperson, or any source the department may contact. required or requested by the Department.  I authorize any federal, state or local government age business to release information which may be required                         | I also agree to present any credentials or documents<br>ncy, current or former employer, or other individual or |
| •    | I have read, understand and complied with all the laws of Title 54.1, Chapter 4, of the Code of Virginia and the Land Surveyors, Certified Interior Designers and Lands  | e Virginia Board for Architects, Professional Engineers,  |
|      | Signature  | Date  |

17.