

  


INSTRUCTIONS  
FOR COMPLETING  
AN APPLICATION  
FOR A COUNCIL  
RECORD/  
CERTIFICATE

# INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR A COUNCIL RECORD/CERTIFICATE

## **GENERAL**

NCARB's "Application for Council Record/Certificate" (Form 112) is used by all applicants for a Council Record whether they are applying to obtain NCARB certification or to participate in the Intern Development Program (IDP). If you previously established an NCARB Council Record, please contact NCARB at 202/879-0520 to obtain a Supplemental Application form.

*Fill out the form accurately, neatly, and completely.*

Type or neatly print using black ink so that clear electronic images and reproductions can be made. Use "N/A" for those sections that do not apply in your situation, and attach additional sheets when necessary to explain complex or unusual situations. (DO NOT attach a resumé in lieu of completing the form.)

Return the original to the Council. Retain a copy for your file.

If your application is accepted after preliminary review, the Council office will advise you of your NCARB File number. Use the NCARB File number on all subsequent correspondence with the Council before and after certification.

We will send you a letter of acknowledgement with forms for verification of education and employment, and for architect references if required. The information on the application (Form 112) for which verification is requested is usually sufficient for establishing a Council Record; however, the Council may ask you to furnish additional documentation.

## **A. REGISTRATION HISTORY**

Indicate registration status in all U.S., Canadian, and other jurisdictions where you are currently or have been previously registered. For each registration, include your registration number and the date on which you were initially registered. Note any registration that is not currently in good standing and the reason why it is no longer in good standing. Include registrations and licenses that you hold for other professions. Attach additional sheets as necessary.

## **B. EXAMINATION HISTORY**

Indicate the examination(s) you have completed and give the jurisdiction(s) for which you took the exam(s).

NCARB will verify examinations passed by contacting those registration boards directly.

## **C. EDUCATION HISTORY**

List the colleges and universities that you have attended. Designate those where you received your architectural education. Applicants who have had no college education should list the date of graduation from high school (or high school equivalent) and the name of the school. Applicants without a high school diploma or equivalent are not eligible for certification. An applicant who did not receive a degree from a college or university should show major field(s) of study (i.e., architecture, etc.) and the number of credit hours (semester or quarter) earned.

If your professional education was acquired in a foreign country, the Council may require that your education be evaluated by the Education Evaluation Services for Architects (EESA), through the National Architectural Accrediting Board (NAAB). (Applicants who are registered in Canada are exempt from this requirement if their education is certified by the provincial registrar.) This evaluation may also be required if your education was acquired in the United States and resulted in anything other than a professional degree in architecture accredited by NAAB. NCARB will advise you if this evaluation is required and provide you with instructions after receiving your application.

Credit cannot be granted for education that is not verified by an official transcript or EESA evaluation. Prior filing of such documents with a registration board does not preclude the furnishing of copies to NCARB.

If you attended schools in the United States, we will ask you to have your official transcripts sent to the Council office directly from the school. After we receive your application, we will send the necessary official authorization and inquiry forms to you. **Do not ask the schools to send transcripts to the Council until after you have been issued an NCARB File number.** The education inquiry form includes provisions for you to furnish the school with a transcript fee, if required.

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## **D. PROFESSIONAL, PUBLIC, AND COMMUNITY SERVICE**

List membership and activities in professional, public, and community organizations, noting any offices held.

## **E. TRAINING HISTORY**

You must provide complete information on your entire employment experience. Accuracy of the dates (month, day, year) and the types of employment are very important. We will ask you to contact employers for confirmation of the employment record using forms provided by NCARB. Include employment with organizations that are not architectural firms and employment not directly related to architectural work so that no gaps appear in the chronological listing. Note periods of self-employment and unemployment where they occur, rather than leaving a period of time without explanation.

Differentiate carefully between periods of part-time and full-time employment and show the hours per week worked in the part-time employment. Indicate the appropriate employment status and the type of services rendered by each employer.

List complete current addresses for all employers. If a firm has dissolved, list the previous name and address and list a current address of your former supervisor. If a firm is now operating under a different name, list the name and address at the time you worked there. If a former employer is deceased, list the former address and list a current address of a reference source (preferably an architect) who can verify your employment history with the firm.

All experience, including that gained with organizations other than the offices of registered architects, will be evaluated in accordance with Chapter 1 or 2 of NCARB's *Handbook for Interns and Architects*. (Interns should refer to *IDP Guidelines*.) For experience with firms indicated as "other," include a brief description of the nature of the work performed.

If part of your chronological experience record includes time spent in military service, please furnish a legible copy of your "Report of Separation from the Armed Forces of the United States" (DD Form 214).

If more than eight employers are included, photocopy page 112-3a as needed.

## **F. ARCHITECT REFERENCES**

Three architect references are required only for applicants who have practiced as a principal. **Present employers, fellow employees, present partners, or relatives may not be used for these references.**

**Intern applicants are not required to provide architect references.**

## **G. AFFIDAVIT**

Check the box acknowledging the statements contained in the affidavit.

## **MAIL**

Mail application with fee payment to:  
NCARB Council Records  
1801 K Street, NW, Suite 1100-K  
Washington, DC 20006-1310

# Application for Council Record/Certificate

NCARB USE ONLY—DO NOT WRITE IN THIS SPACE

NCARB File No. \_\_\_\_\_ Application Type:  CERT  CERT96  IDP  CDH  BEA  Foreign

MR.

Name in Full\*:  MS. \_\_\_\_\_

*\*If you have had a legal name change, please attach a notarized document attesting to this fact.*

U.S. Social Security No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Application Date: \_\_\_\_\_

Business Address: Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Address for Correspondence:  Business  Residence Daytime Telephone: ( ) \_\_\_\_\_

Other Telephone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

## A. Registration History

1. Jurisdiction of initial registration: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

2. List all other jurisdictions (with registration number and date acquired) in which you currently hold or have previously held a registration to practice architecture:

1. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

3. \_\_\_\_\_ 7. \_\_\_\_\_

4. \_\_\_\_\_ 8. \_\_\_\_\_

3. Have you ever been denied registration?  Yes  No

4. Has your registration ever been suspended or revoked?  Yes  No

5. Have you surrendered or allowed your registration to lapse in any jurisdiction due to an action pending or threatened?  Yes  No

6. Have you been found by a court or registration board to have violated the law or regulations in the conduct of your practice or through other conduct involving felony; any crime involving moral turpitude; a misdemeanor involving fraud, deceit, or misrepresentation; or any crime other than a minor traffic violation in your jurisdiction?  Yes  No

7. Have you entered into a consent or other agreement with any registration board in connection with disciplinary action?  Yes  No

*If you have answered "yes" to any of the above questions, provide dates and details of the situation in the space below. Include the result of any appeals. Use a supplementary sheet if necessary.*

\_\_\_\_\_  
\_\_\_\_\_



NAME \_\_\_\_\_

**E. Experience History**

Give full name and complete address of each employer. Include all periods so that no gaps appear in the chronological listing. Begin with first employer. List each period of continuous employment separately even if for the same employer. If any of the conditions of employment change (i.e., full-time/part-time status, type of firm), list each period separately.

Employer/Firm Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

DATES OF EMPLOYMENT			LENGTH OF TIME		STATUS Check appropriate category					TYPE OF FIRM Check appropriate category						
FROM		TO		FULL-TIME	*PART-TIME (Less than 35 hours per week)	EMPLOYEE W/ARCH. SUPERVISOR	EMPLOYEE W/OUT ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	ARCHITECT OF RECORD	SELF-EMPLOYED	ARCHITECTURE OR DESIGN/BUILD	ENGINEERING	PLANNING/LANDSCAPE, INT.	CONSTRUCTION	TEACHING OR RESEARCH	OTHER**
MO	DAY	YR	MO		DAY											

NCARB USE ONLY

Employer/Firm Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

DATES OF EMPLOYMENT			LENGTH OF TIME		STATUS Check appropriate category					TYPE OF FIRM Check appropriate category						
FROM		TO		FULL-TIME	*PART-TIME (Less than 35 hours per week)	EMPLOYEE W/ARCH. SUPERVISOR	EMPLOYEE W/OUT ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	ARCHITECT OF RECORD	SELF-EMPLOYED	ARCHITECTURE OR DESIGN/BUILD	ENGINEERING	PLANNING/LANDSCAPE, INT.	CONSTRUCTION	TEACHING OR RESEARCH	OTHER**
MO	DAY	YR	MO		DAY											

Employer/Firm Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

DATES OF EMPLOYMENT			LENGTH OF TIME		STATUS Check appropriate category					TYPE OF FIRM Check appropriate category						
FROM		TO		FULL-TIME	*PART-TIME (Less than 35 hours per week)	EMPLOYEE W/ARCH. SUPERVISOR	EMPLOYEE W/OUT ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	ARCHITECT OF RECORD	SELF-EMPLOYED	ARCHITECTURE OR DESIGN/BUILD	ENGINEERING	PLANNING/LANDSCAPE, INT.	CONSTRUCTION	TEACHING OR RESEARCH	OTHER**
MO	DAY	YR	MO		DAY											

Employer/Firm Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

DATES OF EMPLOYMENT			LENGTH OF TIME		STATUS Check appropriate category					TYPE OF FIRM Check appropriate category						
FROM		TO		FULL-TIME	*PART-TIME (Less than 35 hours per week)	EMPLOYEE W/ARCH. SUPERVISOR	EMPLOYEE W/OUT ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	ARCHITECT OF RECORD	SELF-EMPLOYED	ARCHITECTURE OR DESIGN/BUILD	ENGINEERING	PLANNING/LANDSCAPE, INT.	CONSTRUCTION	TEACHING OR RESEARCH	OTHER**
MO	DAY	YR	MO		DAY											

\*If part-time work is noted, state average number of hours per week.  
 \*\*If "other" kinds of work are noted, describe on a separate page.

NAME \_\_\_\_\_

**E. Experience History (continued)**

List each period of continuous employment separately even if for the same employer. If any of the conditions of employment change (i.e., full-time/part-time status, type of firm), list each period separately.

Employer/Firm Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

DATES OF EMPLOYMENT						LENGTH OF TIME		STATUS Check appropriate category					TYPE OF FIRM Check appropriate category					
FROM			TO			FULL-TIME	*PART-TIME (Less than 35 hours per week)	EMPLOYEE W/ARCH. SUPERVISOR	EMPLOYEE W/OUT ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	ARCHITECT OF RECORD	SELF-EMPLOYED	ARCHITECTURE OR DESIGN/BUILD	ENGINEERING	PLANNING/ LANDSCAPE, INT.	CONSTRUCTION	TEACHING OR RESEARCH	** OTHER
MO	DAY	YR	MO	DAY	YR													

NCARB USE ONLY

Employer/Firm Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

DATES OF EMPLOYMENT						LENGTH OF TIME		STATUS Check appropriate category					TYPE OF FIRM Check appropriate category					
FROM			TO			FULL-TIME	*PART-TIME (Less than 35 hours per week)	EMPLOYEE W/ARCH. SUPERVISOR	EMPLOYEE W/OUT ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	ARCHITECT OF RECORD	SELF-EMPLOYED	ARCHITECTURE OR DESIGN/BUILD	ENGINEERING	PLANNING/ LANDSCAPE, INT.	CONSTRUCTION	TEACHING OR RESEARCH	** OTHER
MO	DAY	YR	MO	DAY	YR													

Employer/Firm Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

DATES OF EMPLOYMENT						LENGTH OF TIME		STATUS Check appropriate category					TYPE OF FIRM Check appropriate category					
FROM			TO			FULL-TIME	*PART-TIME (Less than 35 hours per week)	EMPLOYEE W/ARCH. SUPERVISOR	EMPLOYEE W/OUT ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	ARCHITECT OF RECORD	SELF-EMPLOYED	ARCHITECTURE OR DESIGN/BUILD	ENGINEERING	PLANNING/ LANDSCAPE, INT.	CONSTRUCTION	TEACHING OR RESEARCH	** OTHER
MO	DAY	YR	MO	DAY	YR													

Employer/Firm Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

DATES OF EMPLOYMENT						LENGTH OF TIME		STATUS Check appropriate category					TYPE OF FIRM Check appropriate category					
FROM			TO			FULL-TIME	*PART-TIME (Less than 35 hours per week)	EMPLOYEE W/ARCH. SUPERVISOR	EMPLOYEE W/OUT ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	ARCHITECT OF RECORD	SELF-EMPLOYED	ARCHITECTURE OR DESIGN/BUILD	ENGINEERING	PLANNING/ LANDSCAPE, INT.	CONSTRUCTION	TEACHING OR RESEARCH	** OTHER
MO	DAY	YR	MO	DAY	YR													

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\*If part-time work is noted, state average number of hours per week.  
 \*\*If "other" kinds of work are noted, describe on a separate page.

NAME \_\_\_\_\_

**F. Architect References (Intern applicants are not required to complete section F.)**

**NOTE: REQUIRED ONLY TO VERIFY YOUR PAST OR CURRENT PRACTICE AS A PRINCIPAL (if applicable).**

Give the names and addresses of three registered architects who are currently personally acquainted with your professional experience and abilities.

**Present employers, fellow employees, partners, or relatives are not to be used for these references.**

1. Reference Name: \_\_\_\_\_

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

\_\_\_\_\_

2. Reference Name: \_\_\_\_\_

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

\_\_\_\_\_

3. Reference Name: \_\_\_\_\_

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

\_\_\_\_\_

**G. Affidavit**

“The applicant acknowledges that the National Council of Architectural Registration Boards (the Council) will compile and evaluate a Record with respect to all aspects of the applicant’s career. The applicant agrees to provide any additional information in connection with the investigation as may be required by the Council.

“The applicant acknowledges that any statements, papers, or documents received by the Council in its investigation may be transmitted by the Council to Architectural Registration Boards of States, Provincial Registrars, or other political subdivisions registering architects, and will not be available to the applicant.

“The applicant hereby authorizes the Council to transmit the applicant’s Council Record and all other pertinent information

obtained in the course of its investigation to Architectural Registration Boards of States, Provincial Registrars, or other political subdivisions registering architects.

“In consideration of the services to be rendered by the Council, the applicant hereby releases, discharges, and exonerates the National Council of Architectural Registration Boards, its officers, directors, and agents from any and all liability of every nature and kind arising out of the transmission of information concerning the application.”

By checking the box below, the applicant acknowledges that he/she is the person making the foregoing statements, and that they are made in good faith and are true in every respect.

I acknowledge the foregoing statements.