

## INSTRUCTIONS FOR ARCHITECT REGISTRATION EXAMINATION (ARE) APPROVAL APPLICATION

### **IF YOU HOLD AN NAAB ACCREDITED DEGREE YOU MUST APPLY FOR THE ARCHITECT REGISTRATION EXAMINATION DIRECTLY WITH NCARB**

1. Applicants who **do not** hold an NAAB accredited degree must complete Page 4 (Section 8(b) of Law)
2. **Verification of training credits:** Request NCARB to forward a copy of your completed IDP file. Applicants who do not have IDP must complete Page 4. Current equivalents of education, training and experience shall be computed in accordance with the NCARB Table of Equivalents.
3. **Transfer of grades:** If you have successfully completed any of divisions of the ARE in any other state/ jurisdiction, certification must be sent to the State Architects Licensure Board *directly* from the state board; certification must include date of examination and results. **Pennsylvania will not accept division scores that are over 5 years old.**
4. **ADA accommodation:** If you have a disability and may require some accommodation in taking the ARE, you may request special arrangements by submitting to the board office, along with this application, a letter from you requesting modifications (i.e., additional testing time, breaks (how many/long), separate room) and a letter of diagnosis and accommodation requested from a licensed professional.  
**NOTE:** A language barrier is not considered a disability.
7. You may schedule for the ARE on-line, at [www.ncarb.org](http://www.ncarb.org) "My Examination", after you have received notification to test.

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Pennsylvania has adopted NCARB's Rolling Clock; however, Pennsylvania will not accept any division scores over 5 years old from the date of this application.

REQUIREMENTS FOR EXAMINATION ELIGIBILITY (Regulations Section §9.46(a)(1)(2))  
Pennsylvania adopted the NAAB degree requirement (July 1, 1989)  
Pennsylvania adopted NCARB's IDP requirement (June 1992)

If you do not meet these requirements you may appeal directly to the state board for approval.

# 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@pa.gov](mailto:st-architect@pa.gov)  
**WEBSITE** [www.dos.pa.gov/arch](http://www.dos.pa.gov/arch)

## ARCHITECT REGISTRATION EXAMINATION APPROVAL APPLICATION

THIS APPLICATION IS FOR PENNSYLVANIA CANDIDATES THAT DO NOT MEET NCARB'S DIRECT ELIGIBILITY REQUIREMENT AND REQUEST BOARD APPROVAL BASED ON EXPERIENCE. (ARCHITECTS LICENSURE ACT SECTION 8(b))

### \$30.00 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. If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. **USE BLACK INK ONLY**

### SECTION 1:

APPLICANT NAME		
FIRM NAME (OPTIONAL)		
FIRM ADDRESS (OPTIONAL)	FICT NAME (IF APPLIC)	
	STREET AND/OR P.O. BOX	
	CITY/STATE ZIP CODE	
SOCIAL SECURITY NUMBER		
BIRTH DATE		
CONTACT TELEPHONE NUMBER		
APPLICATION STATUS VIA E-MAIL		

### SECTION 2:

HOME ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
CONTACT TELEPHONE NUMBER		

### SECTION 3:

LIST EDUCATION/DEGREE(S):	NAME OF INSTITUTION(S)
HAVE YOU TAKEN ANY DIVISIONS OF A.R.E. IN PENNSYLVANIA? [ ] YES [ ] NO	HAVE YOU TAKEN ANY DIVISIONS OF A.R.E. IN ANY OTHER STATE/JURISDICTION? [ ] YES [ ] NO
DO YOU HAVE AN IDP RECORD FILE WITH NCARB? [ ] YES [ ] NO	REQUESTING DISABILITY ACCOMMODATIONS? [ ] YES [ ] NO

**SECTION 4: The following questions must be answered:**

*If you answered "yes" to questions 3-7, provide a full written explanation in addition to a certified copy of the record with this application.*

	YES	NO
1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdictions?		
2. If you answered yes to the above question, please provide the profession and state or jurisdiction: _____		
3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	<input type="checkbox"/> Check here if action was taken in PA (Certified Copies Not Required)	
4. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD) as to any criminal charges, felony or misdemeanor, including any drug law violations?		
6. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		

**SECTION 5:**

By signing below, I verify that this application 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. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

**Social Security Act Certification**

In order to comply with federal law, the State Architects Licensure Board is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this 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 Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

\_\_\_\_\_  
Applicant signature (same person as listed in Section 1)

\_\_\_\_\_  
Date-Must be within 30 days of date received in the Board Office

**CHECK THE DIVISIONS OF THE A.R.E. THAT YOU ARE REQUESTING:**

ALL DIVISIONS (ARE 4.0)

STRUCTURAL SYSTEMS

PROGRAMMING, PLANNING AND PRACTICE

SITE PLANNING AND DESIGN

BUILDING SYSTEMS

BUILDING DESIGN AND CONSTRUCTION SYSTEMS

SCHEMATIC DESIGN

CONSTRUCTION DOCUMENTS & SERVICES

**TO BE COMPLETED ONLY BY CANDIDATES WHO DO NOT HOLD AN NAAB ACCREDITED PROFESSIONAL DEGREE IN ARCHITECTURE.**

ACADEMIC EDUCATION CREDITS			
NAME OF INSTITUTION OR UNIVERSITY	DATES ATTENDED IN YEARS	DEGREE AWARDED	DATE AWARDED

OFFICE EDUCATION/TRAINING CREDITS							
NAME OF OFFICE	DATES OF EMPLOYMENT				FULL TIME	PART TIME	TOTAL MONTHS
	FROM		TO				
	MO	YR	MO	YR			

**Academic credits** - official transcripts/certification must be submitted directly from school/institution.

If IDP record file is not established with NCARB, you must submit the following:

**Office Education/Training credits** must be submitted directly from each employer, signed by supervising registered architect and must include dates of employment, whether full time/part time and specific duties performed.

Applicant is subject to interview before the State Architects Licensure Board, to demonstrate competency.

**OFFICIAL USE ONLY - DO NOT WRITE IN THIS SPACE**

AGE 21:  YES  NO

IDP MUST BE 3 YEARS WITH AT LEAST 5,600 HOURS OF EXPERIENCE

EDUCATION CREDITS (6 YRS):  YES  NO

IDP (3 YRS):  YES  NO

NOT ELIGIBLE TO TAKE A.R.E.

ELIGIBLE TO TAKE A.R.E.

REVIEWING OFFICER

DATE