

# RECIPROCAL LICENSING APPLICATION-WITHOUT NCARB CERTIFICATION

## LICENSURE REQUIREMENTS

1. You must hold a current architect license in the state/jurisdiction in which you are practicing.
2. An applicant licensed on the basis of education, experience or examination not equal to the requirements of the Commonwealth shall submit satisfactory evidence of at least 10 years of continuous practice of architecture while holding a valid license as an architect.

## INSTRUCTIONS

1. Complete all sections of the application.
2. Request certification of licensure and examination scores from the state/jurisdiction of your original licensure and/or practicing state/jurisdiction to be forwarded directly to this office.
3. Contact NCARB to request your IDP file to be forwarded directly to this office. (if applicable)
4. Forward Page 6 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

### **POSSESSION OF AN NCARB CERTIFICATE IS PRIMA FACIE EVIDENCE THAT THE INDIVIDUAL MEETS THE REQUIREMENTS OF THE COMMONWEALTH.**

An applicant who has qualified for original licensure by having passed the ARE in or after 1992 shall submit certification of having met the training requirements for IDP. (Regulation §9.62(2)(b))

§9.46 Requirements for examination eligibility.

(a) General Requirement

(1) A professional degree in architecture from an accredited program.

(2) Three years of diversified training experience demonstrated by training requirement of the IDP.

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

## 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. 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. License being issued once application is approved/processed will expire June 30th of the odd numbered year. **USE BLACK INK ONLY**

**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 (OPTIONAL)		
FIRM ADDRESS (OPTIONAL)	STREET	
	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 states/jurisdictions where you hold architect registration**

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**

COLLEGE/UNIVERSITY NAME/S	GRADUATION DATE	DEGREE

**SECTION 5: Experience Background - begin *with current employment and list all employment (included 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		<input type="checkbox"/> GENERAL PRACTICE OF ARCHITECTURE <input type="checkbox"/> TEACHING RESEARCH <input type="checkbox"/> PUBLIC SERVICE <input type="checkbox"/> 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		<input type="checkbox"/> GENERAL PRACTICE OF ARCHITECTURE <input type="checkbox"/> TEACHING RESEARCH <input type="checkbox"/> PUBLIC SERVICE <input type="checkbox"/> 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		<input type="checkbox"/> GENERAL PRACTICE OF ARCHITECTURE <input type="checkbox"/> TEACHING RESEARCH <input type="checkbox"/> PUBLIC SERVICE <input type="checkbox"/> OTHER (EXPLAIN):

**SECTION 6: List 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 questions 3-7 provide a written explanation and 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 jurisdiction?		
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. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. 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?		
6. 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? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		

**SECTION 8: Certification**

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.

**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.

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Applicant signature (same person as listed in Section 1) \_\_\_\_\_ Date-Must be within 30 days of the date received in the Board Office \_\_\_\_\_

**STATE ARCHITECTS LICENSURE BOARD**

MAIL: P. O. BOX 2649  
HARRISBURG, PA 17105-2649  
TELEPHONE: (717) 783-3397

COURIER: 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 TO COMPLETE AND FORWARD FORM DIRECTLY TO PA STATE ARCHITECTS LICENSURE BOARD AT THE ABOVE ADDRESS.**

I CERTIFY THAT \_\_\_\_\_ GRADUATED WITH A  
\_\_\_\_\_ GRADUATE \_\_\_\_\_ UNDERGRADUATE

DEGREE IN \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRINT NAME OF CERTIFYING OFFICIAL \_\_\_\_\_

SIGNATURE OF CERTIFYING OFFICIAL \_\_\_\_\_

OFFICIAL TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

(AFFIX SCHOOL SEAL)

**REFERENCE FORM**

**APPLICANT NAME:** \_\_\_\_\_ 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? <input type="checkbox"/> YES FROM: ____/____/____ TO ____/____/____ <input type="checkbox"/> NO EXPLAIN YOUR PROFESSIONAL ASSOCIATION AND AFFILIATION IN ORDER TO CRITIQUE APPLICANT'S PROFESSIONAL COMPETENCY, ON REVERSE SIDE.
IN YOUR OPINION, DO YOU BELIEVE THE APPLICANT TO BE OF GOOD MORAL CHARACTER? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN

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

**Check Applicant's employment activities:**

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:**

TECHNICAL KNOWLEDGE	EXCELLENT	SATISFACTORY	UNSATISFACTORY
PROFESSIONAL EXPERIENCE	EXCELLENT	SATISFACTORY	UNSATISFACTORY
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.**

**REFERENCE FORM**

**APPLICANT NAME:** \_\_\_\_\_ has listed you as a reference on an architect licensure application.

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IN YOUR OPINION, DO YOU BELIEVE THE APPLICANT TO BE OF GOOD MORAL CHARACTER? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN

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PROFESSIONAL EXPERIENCE	EXCELLENT	SATISFACTORY	UNSATISFACTORY
YOUR NAME			
FIRM NAME			
FIRM ADDRESS	STREET		
	CITY/STATE		
	ZIP CODE		
ARCHITECT LICENSE # AND STATE	LICENSE #	STATE	

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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.**