



STATE OF NEW HAMPSHIRE
APPLICATION FOR LICENSURE
AS AN ARCHITECT

- \$150.00 – Architectural Registration Exam**
- \$250.00 – NCARB Certification**
- \$325.00 – Direct to State Reciprocity**

The application must be legible filled out completely and typewritten
Check Payable to "Treasurer, State of NH" or
complete the enclosed credit card form (**Non-Refundable Fee**)

1. General Information

Name _____
Last First Middle

Names Previously Used (if applicable) _____ SS# _____

Residence Address _____
zip code _____

Business Name _____

Business Address _____
Indicate mailing address by check box zip code _____

Business Phone _____ Home Phone _____

Email: _____ Citizenship: Birth _____ Naturalized _____

Place of Birth _____ Date of Birth _____

2. Registration/Licensure Information

Have you taken and passed the Architectural Registration Exam (ARE)? _____

If yes indicate: Location: _____ Date Completed : _____

State in which first registered or licensed as an Architect _____

Date of Licensure _____ License Number _____ Licensed by **ARE** Exam? _____

If not how? _____ Is License now in force? _____

If not in force, indicate why _____

Have you **ever** applied for an architect's license in **New Hampshire**? _____ Status _____

Are you applying for facilitated licensure as a military spouse? _____

Professional Licenses: List all states where you hold or have held licensure. Use a separate sheet if necessary. Verification of one current license as well as verification from the state(s) where examination(s) was administered is required.

| License # | State | Year Licensed | Written Examination | Reciprocity or Grandfather | Active or Lapsed |
|-----------|-------|---------------|---------------------|----------------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

3. General Information Questions

CHECK ONE:

YES NO

- Have you ever been convicted of any felony or any misdemeanor, or a violation involving architecture or the practice of architecture. If so, name the court, the details of the offense and the date of conviction and the sentence imposed. YES NO
- Have you ever lost or been denied registration/licensure as an architect or disciplined or sanctioned by another licensing board in any other state and if so, an explanation of the circumstances? YES NO

If the answer is yes to any of the above questions, submit a written explanation with your application

NCARB RECORD:

An NCARB record is for licensed architects who practice in multiple states.

YES NO

- Do you have ever held an NCARB Certification? YES NO
- I have requested NCARB to transmit my Council Record to the Board Office on:

Indicate Date Transmittal Requested. _____

INTERN DEVELOPMENT PROGRAM (IDP) INFORMATION:

Have you completed IDP? _____

If yes indicate: Date Completed : _____

Date you requested NCARB transmit your IDP record to the Board: _____

IDP Record Number (if applicable): _____

7. Practical Experience

This information described below is a summary of your experience, and should start with your first employer.

| Key | Date | 1. Name of Employer- Title of Position | Name and present address of someone familiar with each position, preferably person to whom applicant reported or with whom he/she was associated. |
|-----|--------------------|--|---|
| | Indicate years | 2. Location and Character of Each Position | |
| | From to | 3. Degree of Responsibility | |
| | | | |

8. Public and Community Service (optional)

| Name of Organization | Location | Grade or Membership | Date |
|----------------------|----------|---------------------|------|
| | | | |
| | | | |
| | | | |
| | | | |

9. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

Signature of Applicant

Date

ADDRESS ALL COMMUNICATIONS TO:
NH OPLC - TECHNICAL DIVISION
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, N.H. 03301

Find us on the on-line at www.oplc.nh.gov/architects/index.htm

SUPPLEMENTARY EXPERIENCE RECORD IN DETAIL' +6

- ✓ **Read instructions carefully.** The Supplementary Experience Record is vital to the Board's evaluation of your architecture experience.
- ✓ **Affix** your signature and date to this and each additional sheet. Add additional sheets as required. Use plain white pages and number consecutively. Number each architecture project and/or assignment to correspond with the key of Section 7 of your application.
- ✓ **List and identify** your projects and/or assignments in chronological order, starting with your **first architecture projects and/or assignments**. Be specific in identifying the portion of the work you personally responsible. Note the calculations you performed, identify the project by job title, name of client, location of project, total cost and cost of the portion you were personally responsible. In describing the projects when applicable list such things as capacities, sizes, ratings, list of equipment size and/or specified, or other suitable identifying means, note success or failure of each project
- ✓ **After you have prepared your first draft, read it critically.** Does it show a reviewer, who is not familiar with you or your job the degree of architecture expertise you applied and verify time-wise the architecture experience claimed in your application.

**STATE OF NEW HAMPSHIRE
BOARD OF LICENSURE
FOR ARCHITECTS**

CANDIDATE REQUIREMENTS

310-A:38 Preliminary Requirements for Licensure as an Architect.

I. The following preliminary requirements shall be considered as minimum evidence satisfactory to the board that an applicant is qualified for licensure to practice architecture in this state:

(a) Applicant shall be at least 21 years of age and shall have graduated from an approved high school or its equivalent; and

(b) Applicant shall hold a professional degree in architecture from an accredited school and have had such diversified practical experience, including academic training, as the board shall deem appropriate; or

(c) In lieu of a professional degree in architecture, the board may accept evidence of additional diversified practical experience, including academic training, as the board shall deem appropriate.

II. The board shall have the discretion to reject an applicant who is not of good professional character, as evidenced by:

(a) Conviction for commission of a felony;

(b) Misstatement of facts by the applicant in connection with the application;

(c) Violation of any of the standards of conduct required of architects as they are set forth in this subdivision or in rules adopted by the board; or

(d) Practicing architecture without being licensed in violation of laws of the jurisdiction in which the practice took place.

III. Upon complying with the preliminary requirements set forth in this section, the applicant shall, in order to become licensed, pass written examinations as provided in RSA 310-A:43, except as otherwise provided in RSA 310-A:45.

310-A:39 Education Credits. The satisfactory completion of each year of an approved curriculum in architecture in a school or college approved by the board, without graduation, shall be considered as equivalent to a year of experience under RSA 310-A:38, I(c). Graduation in a curriculum other than architecture from a college or university of recognized standing may be considered as equivalent to 2 years of experience under RSA 310-A:38, I(c). No applicant shall receive credit for more than 4 years of experience because of undergraduate educational qualifications.

310-A:40 Teaching Credits. In considering the qualifications of applicants, architectural teaching may be construed as architectural experience.

310-A:41 Work as a Contractor. The mere execution, as a contractor, of work designed by an architect or the supervision of the construction of such work as a foreman or superintendent shall not be deemed to be experience in architecture.

Arch 302.01 Candidate Requirements.

(a) Candidates for the architectural registration exam (ARE) who have not completed the National Council of Architectural Registration Boards (NCARB) Intern Development Program (IDP) shall have a National Architectural Accrediting Board or Canadian Architectural Certification Board accredited professional degree in Architecture and shall meet the requirements established by RSA 310-A:38 I (a) and (b), before they can sit for the exam.

(b) Qualifications for licensure shall be determined as follows:

- (1) Candidates possessing National Architectural Accrediting Board or Canadian Architectural Certification Board accredited professional degree in Architecture shall have at least 3 years' architectural experience in accordance with the NCARB Handbook for Interns and Architects 2007-2008 edition;
- (2) Candidates possessing a 4 year pre-professional degree in architecture shall have at least 7 years' architectural experience in accordance with the NCARB Handbook for Interns and Architects 2007-2008 edition; and
- (3) Candidates possessing no degree shall have at least 13 years' architectural experience in accordance with the NCARB Handbook for Interns and Architects 2007-2008 edition;
- (4) The candidate shall take the ARE prepared by NCARB and achieve a passing score.

Arch 302.02 Education and Training Standards. The board shall evaluate the candidates using the NCARB Handbook for Interns and Architects 2007-2008 edition and NCARB Education Standard 2007-2008 edition. All candidates for licensure shall have completed the training requirements of the Intern Development Program (IDP) through NCARB or have met the minimum requirements for NCARB certification pursuant to the NCARB Handbook for Interns and Architects 2007-2008 edition.



APPLICATION INSTRUCTIONS AND CHECKLIST FOR ARCHITECTS

General- Provide all the information requested on the application form. **Do Not** substitute a resume or other synopsis of your experience and/or education for any part of the application form. If additional space is needed, please photocopy that portion. **NATIONAL COUNCIL OF ARCHITECTURAL REGISTRATION BOARDS (NCARB) EGT/VA/ECVG HOLDERS must complete pages 1 and 2 and sections 5 and 9 only.**

References- Make a sufficient number of copies of our **Reference Form** to send one to each of your references. Keep a blank one for your future use, in the event a reference does not respond. In addition to the reference form, you should send each of your references a **stamped** envelope on which you have placed the Board address label. Reference forms received from applicants are **not** acceptable; forms must come directly from the reference.

Transcripts- Transcript Request Forms are included as a part of this application packet. Complete the form/s and send it/them (and any required fee) to the college or university you attended including Undergraduate and Masters transcripts if applicable. Transcripts received from the applicant are not accepted. Transcripts must come directly from the college/university to our office.

Verifications- Enclosed you will find a copy of a blank verification of licensure/examination form. If you have taken the Architect Registration examination in another jurisdiction/s, complete Part A and send the verification form to each jurisdiction along with any fee they may charge. Make copies if needed. For each verification form mailed, you should include a **stamped** envelope on which you have placed the New Hampshire Board address label.

Notice to all applicants- Be sure you submit your application to the Board before you send out your reference forms. We must receive your application **prior** to receiving forms from your references. If we receive responses from your references and do not have your application on file, they may be misplaced, causing a delay in the processing of your application.

Foreign Degree Candidates- Foreign degree evaluations are required and must be sent directly from the institution to World Education Services or a similar translation and authentication service which specialize in evaluating educational credentials for translation and authentication.



RETURN THIS CHECKLIST WITH YOUR APPLICATION

APPLICATION CHECKLIST

Candidate Name

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay.

Applicants who hold a National Council of Architectural Registration Boards EGTV ~~HE~~ CVG (NCARB) must complete pages 1 and 2, sections 5 and 9.

ARE Applicants who have a completed IDP Record must complete sections 1-9.

Have you:

- Marked the box on the application form indicating which address you want us to use?
- Included the correct fee with the check made payable to **Treasurer, State of NH** or completed the enclosed credit card sheet?
- NCARB & IDP record holders - Have you contacted NCARB to transmit your record to the Board?
- Submitted an application for a Certificate of Authorization (COA) if you will be offering your services through a business entity required per RSA 310-A:42-a available at <http://www.oplc.nh.gov/architects/documents/architect-certificate-authorization.pdf> ? COA will not be issued until Architect's stamp is approved.
- Signed and dated the application?
- Included this Checklist with your application?

I am aware that if I am approved for licensure; my licensing approval letter and all pertinent information will be sent to me at my on-file e-mail address only.

***These items are additional items required for applicants through Direct-to-State Reciprocity or who are applying to take the ARE prior to completing the IDP record through NCARB.**

- *Completed the "References" portion of the application, sent reference forms and Board addressed and stamped envelopes to each of your references, and kept a blank copy of the form for yourself?**
- *Requested your college/university to send us your transcript directly?**
- *Completed Section I and sent the verification form to the appropriate state board/s along with a stamped envelope on which you have placed one of the New Hampshire Board address labels?**

REQUEST FOR VERIFICATION OF LICENSURE OR EXAMINATION

PART A. Candidate Information – To be completed by the Candidate

| | | |
|-----------------|----------------|-----|
| Applicant Name: | Date of Birth: | |
| Address: | | |
| | | |
| City | State | Zip |

PART B. To be completed by verifying Board and returned directly to:

NJ QRNE 'Vgej plēcriF kkkqp, 343'Uqwj 'Ht wls'Uy, Suite 201.'Concord, NH 03301

Phone: (603-271-2219)

| | | | |
|---|-----------------------------|--------|-------|
| I. THE ABOVE NAMED PERSON WAS LICENSED AS AN: | Certificate | Date | Valid |
| | Number | Issued | Until |
| <input type="checkbox"/> ARCHITECT | | | |
| | | | |
| II. MINIMUM REQUIREMENTS WERE: | | | |
| 1. Written Exam | Date Completed | | |
| 2. Reciprocity | From what State? | | |
| 3. NCARB Record: | | | |
| 4. Other: | | | |
| | | | |
| III. QUESTIONS | | | |
| 1. Has any disciplinary action ever been taken against the applicant? | Yes | No | |
| 2. If so, has the disciplinary case been satisfied to the Board's requirements? | Yes | No | |
| If no please explain | | | |
| | | | |
| State: | | | |
| By: | | | |
| Title: | Mandatory Board Seal | | |
| Date: | | | |
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OPLC – TECHNICAL DIVISION
121 S FRUIT STREET STE 201
CONCORD NH 03301

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Note: This page may be printed or copied on a 3 by 10 label sheet to create mailing labels for use with reference letter envelopes, etc. This setup is for Avery label 5960.

NEW HAMPSHIRE BOARD OF ARCHITECTS
121 S FRUIT STREET, SUITE 201
CONCORD, NH 03301

Dear Sir/Madam:

An individual has applied to this Board for Licensure as an Architect in the State of New Hampshire and has given your name either as a reference or has stated that he/she has worked for or with you. We will, therefore, appreciate your sending us information requested on the reverse hereof, and assure you that such information as you give will be treated in the strictest confidence.

Any person signing this statement will be expected to know the following:

This Board is required by law to obtain evidence of good character and qualifications of applicants for licensure as an Architect. Statements by responsible persons with actual knowledge of the applicant's character and qualifications, if made on this form, will be filed by the Board for consideration as evidence in such connection.

The Board desires to emphasize that evidence submitted on these forms should not be perfunctory, nor made for the mere purpose of aiding the applicant to be licensed.

Since the board cannot review the application until replies are obtained from these references a prompt reply will expedite our handling of the applicant's request for licensure. **Please make certain that you enter the applicant's name on the reference form.**

Very truly yours,

A handwritten signature in black ink that reads "Bobbie Carter". The signature is written in a cursive, flowing style.

Bobbie Carter
Program Specialist

Re: Application of _____

(NAME IS REQUIRED)

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name _____
(to be typewritten or printed)
2. What is your present business or profession? _____
3. Are you a licensed Architect? _____ If yes, in what State? _____
Yes No
4. How long have you known the applicant? _____
5. Are you in any way related to the applicant? _____
6. What has been your business connection with the applicant? _____

7. Do you know anything reflecting adversely on the integrity or general good character of the applicant?

8. Please give a brief estimate of the applicant as an architect. _____

9. Would you employ the applicant in a position of trust? _____
10. If the applicant is connected with a firm, please provide its name and address.

Position he/she fills _____

11. Is the applicant qualified to be placed in responsible charge of design or supervision of work with full authority to change designs or specification? _____
12. If the applicant is in individual practice, please indicate the nature of such practice _____
13. Do you recommend the applicant for licensure as an architect? _____
14. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as an Architect.

Date _____

Written Signature _____

Date _____

College or University Registrar

Dear Registrar:

Enclosed please find my fee in the amount of \$_____ in payment for a certified transcript of my scholastic record. I attended college during the years _____ to_____. I received my degree on _____.
My Social Security number is _____ and my date of birth is _____.

My student identification number was _____.

Please send the transcript ***directly*** to the following address:

OPLC - Technical Division
121 South Fruit Street, Suite 201
Concord, NH 03301

The Board of Architects have informed me that they will treat the transcript in accordance with the provisions of the Education Rights Privacy Act and that no unauthorized person will have access to the transcript.

Sincerely,

(Signature)

(Printed Name and Address)

Credit Card Sheets are not accepted via e-mail.

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

| | | | |
|---|--------|-------------|-------------------|
| Transaction Type: | | Amount Due: | |
| Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (required) | | | |
| Card Number | | | (required) |
| Expiration Date: | Month: | Year: | (required) |
| Billing Name and Address (your billing address must match the address associated with the credit card you are using.) | | | |
| Name on Card: | | | |
| Billing Address: | | | |
| City: | | | |
| State/Province: | | | |
| Zip/Postal Code: | | | |
| Country: | | | |
| Authorization Signature : | | | |

CONFIDENTIAL