



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

NCARB applicants only must fill out sections 1, 2, 3, 5, and 9

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: _____

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? _____

3. General Information Questions

CHECK ONE:

YES NO

1. 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
2. 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

1. Have you have ever held an NCARB Council Record? YES NO
2. I have requested NCARB to transmit my Council Record to the Board Office on:

Indicate Date Transmittal Requested. _____

ARCHITECTURAL EXPERIENCE PROGRAM (AXP) INFORMATION:

Have you completed AXP? _____

If yes indicate: Date Completed : _____

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

AXP Record Number (if applicable): _____

4. Membership in Professional or Scientific Associations

Name of Organization	Location	Grade or Membership	Date

5. Education

1. Official transcripts are required and must be sent directly to the board office from the college or university, in a sealed envelope unless verified through NCARB or IDP Council Records.

INSTITUTION AND LOCATION	FROM	TO	MAJOR	DEGREE AWARDED/DATE
Secondary School				
1.				
Colleges and Universities:				
1.				
2.				
3.				
4.				

Applicants who are graduates of a non-United States or Canadian institution must have his or her transcript sent directly from the institution to NCARB. The applicant shall request translation and authentication be sent from NCARB directly to the board office for evaluation by the board.

6. References of Character and Qualifications

Applicant will give the name and address of not fewer than five individuals, unrelated to the applicant, of whom at least three shall be licensed architects in good standing, having personal knowledge of the applicant's experience. No member of the board will be accepted as reference. Name of persons listed under item 7, "Experience," may also be used as references.

Name	Address including zip code	Occupation/License	Business Relationship to Applicant

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. Supplementary Experience Record

The information described below is your supplementary experience record of the architectural projects or assignments you were involved in, and should start with your first project or assignment. Please use a separate sheet if necessary.

<i>Brief description and identification of the project or assignment by job title, location, and total cost</i>	<i>Indication as to which of the employers listed in (7) for which the project or assignment was undertaken</i>	<i>Identification as to what portion of the work you were personally responsible for</i>

9. Public and Community Service (optional)

Name of Organization	Location	Grade or Membership	Date

10. 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 – BOARD OF ARCHITECTS
7 EAGLE SQUARE
CONCORD, N.H. 03301

Find us on the on-line at <https://www.oplc.nh.gov/architects/forms.htm>

**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.

PART Arch 302 QUALIFICATIONS

Arch 302.01 Candidate Requirements.

(a) Candidates for the architectural registration exam (ARE) shall meet one of the following requirements:

- (1) Hold a professional degree from a school whose curriculum has been accredited by the National Architectural Accrediting Board (NAAB);
- (2) Be a student actively participating in a NCARB accepted Integrated Path to Architectural Licensure (IPAL) option within a NAAB accredited professional degree program in architecture; or
- (3) Have met the education and experience requirements outlined in Arch 302.01 (b) (2) or (3).

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

- (1) Candidates possessing National Architectural Accrediting Board (NAAB) or Canadian Architectural Certification Board (CACB) accredited professional degree in architecture shall have at least 3 years' architectural experience and shall document completion of the NCARB Architectural Experience Program (AXP) in accordance with the NCARB Certification Guidelines July 2018 edition as specified in Appendix B;
- (2) Candidates possessing a 4 year pre-professional degree in architecture shall have at least 7 years' architectural experience and shall document completion of the NCARB Architectural Experience Program (AXP) in accordance with the NCARB Certification Guidelines July 2018 edition as specified in Appendix B;
- (3) Candidates possessing no degree shall have at least 13 years' architectural experience and shall document completion of the NCARB Architectural Experience Program (AXP) in accordance with the NCARB Certification Guidelines July 2018 edition as specified in Appendix B; and
- (4) The candidate shall take the ARE prepared by NCARB and achieve a passing score.



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) CERTIFICATE HOLDERS** shall complete sections 1, 2, 3, 5, and 9 only; all others shall complete the entire form.

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- If the applicant for licensure is a graduate of a non-United States or Canadian institution, the applicant shall have his or her transcripts sent directly from the institution to NCARB. The applicant shall request translation and authentication be sent from NCARB directly to the board office for evaluation by the board.



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 CERTIFICATE (NCARB) shall complete sections 1, 2, 5, and 9 only; all others shall complete the entire form.

ARE Applicants who have a completed AXP 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 & AXP record holders - Have you contacted NCARB to transmit your record to the Board?
- 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 AXP 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?**

OPTIONAL 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:

NHOPLC – Board of Architects, 7 Eagle Square, Concord, NH 03301 Phone: (603-271-0240)

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

NHOPLC – BOARD OF ARCHITECTS
7 EAGLE SQUARE
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
7 EAGLE SQUARE
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,



Bobbie Mayo
Supervisor II

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:

NHOPLC – Technical Division
Attn: Board of Architects
7 Eagle Square
Concord, New Hampshire 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.

Credit Card sheets can be faxed to 603-271-7928 or
mailed to Board of Architects, 7 Eagle Square, Concord NH 03301

**You may pay your fee with a credit card by filling out this form.
This page will be destroyed after the transaction has taken place – Please single sided use
only**

Profession:		Amount Due:	
Licensee Name:		License Number:	
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 :			

Rev. 1/10

DO NOT EMAIL THIS FORM