

## Architect Application Instructions

Registration as an architect in Washington State is based on qualifications and experience. Qualifications are verified by the successful completion of an exam. Experience is verified by documentation of education and practical work experience. The Board has adopted the national Architect Registration Examination (ARE) developed by the National Council of Architectural Registration Boards (NCARB) as the state exam.

You will register one of 3 ways:

1. By direct registration if you have an accredited degree
2. By examination if you do not have an accredited degree
3. By reciprocity if you are licensed in another state

### Application by direct registration

Starting May 15, 2008, Washington State exam candidates who meet NCARB criteria will have their ARE activity managed by NCARB. If you have an accredited Bachelor's or Master's degree in architecture from a university recognized by the National Architectural Accrediting Board (NAAB), you will work directly with NCARB during the Intern Development Program (IDP) and completion of the ARE.

### To register through direct registration

1. Contact NCARB to enroll in IDP and to notify them you are seeking registration in Washington State. As of January 1, 2008, you may take the ARE while enrolled in IDP.
2. If you meet NCARB's criteria for direct registration:
  - a. NCARB will register you to begin testing. **You must successfully complete the entire exam within a five-year period.** If the entire exam is not completed within the five-year period, you will need to retake any sections older than five years.
  - b. NCARB will process your score reports and compile your IDP record and test history.
  - c. NCARB will forward your full record to the Washington Board once you complete IDP and the exams.
  - d. After you have completed your licensing requirements through NCARB, submit the following to the Washington State Board office:
    - An application with Sections 1, 3 and 5 completed.
    - The current application fee and initial two year registration fee. Application fees will not be refunded.
    - A typed, double-spaced summary analysis of the Washington State architect law and rules. The analysis should be written section by section in sufficient detail to show full understanding of the rules and the laws that apply to the practice of architecture in Washington State. The summary must include a signed statement that that it is your own work.

### Application by examination

If you have a Bachelor's or Master's degree in architecture from a university **not** recognized by the NAAB or are applying with work experience only, you will work with the Washington State Board for Architects during IDP training and the ARE. You may begin the exam process any time following approval of your application. **You must successfully complete the entire exam within a five-year period.** If the entire exam is not completed within the five-year period, you will need to retake any sections older than five years.

### To register by examination

1. Contact NCARB to order your IDP record. It must be mailed directly from their office to the Washington State Board office.
2. After you have completed your IDP, submit the following documents to the Washington State Board office:
  - An application with all sections of the application completed, including your signature in the Certification section on page 4.
  - The current application fee and initial two year registration fee. Application fees will not be refunded.
  - Official transcripts and Employment and Experience Summary forms are to be mailed directly from the issuing source to the board office.

You will be notified of any deficiencies or missing documents in the application. Notice of approval of eligibility to take the exam will be sent on completion of the application. Notice of admission for exam will be mailed from NCARB to you with instructions on how to contact the testing facility.

3. After you have completed the ARE, submit to the Board office a typed, double-spaced summary analysis of the Washington State architect law and rules. The analysis should be written section by section in sufficient detail to show full understanding of the rules and the laws that apply to the practice of architecture in Washington State. The summary must include a signed statement that it is your own work.
4. Complete an oral interview. The oral exam must be completed within the same 5-year period as the ARE. The Board may waive this requirement for applicants with a National Architectural Accrediting Board (NAAB) accredited degree.

It's important that you notify us in writing of any changes in address or telephone numbers while you are in the application and examination process.

### **Application by reciprocity**

To qualify for reciprocity, you must:

- Have a current architect license in good standing in another state, province or recognized jurisdiction. A “recognized jurisdiction” must be a member of the National Council of Architectural Registration Boards (NCARB).
- Demonstrate evidence that your qualifications and experience are equivalent to those required under RCW 18.08.350.
- Show evidence of meeting seismic examination requirements. Seismic requirements were included in the following NCARB exams: California in 1936; Nevada in 1960; Alaska, Arizona, Colorado, Guam, Hawaii, Idaho, Montana, Oregon, Utah, Washington, and Wyoming in 1963; all other states in 1965. If you cannot document completion of seismic examination requirements, you may be required to complete Division LF (Lateral Forces) of the Architect Registration Examination (ARE).
- Submit a typed, double-spaced summary analysis of the Washington State architect law and rules. The analysis should be written section by section in sufficient detail to show full understanding of the rules and the laws that apply to the practice of architecture in Washington State. The summary must include a signed statement that it is your own work.
- Complete an oral interview. The Board may waive this requirement for applicants with an NCARB “Blue Cover” certificate.

### **Applicants with NCARB council records must submit the following documents to the Board office:**

1. Your completed application. Complete Sections 1, 3 and 5 of the application.
2. The reciprocity application fee and initial two year registration fee.
3. Your written summary of Washington law and rules. See above for details.
4. Contact NCARB to order your Council Record. It must be mailed directly from their office to the Washington State Board office.

### **Applicants without NCARB council records must submit the following documents to the Board office:**

1. Your completed application. Complete all sections of the application as directed.
2. Reciprocity application fee and initial two year registration fee.
3. Your official college transcript indicating degree awarded. Your current state certification and certification of written examination from the jurisdiction granting original registration, including verification of completion of seismic requirements.
4. Documentation of practical work experience for a minimum of three years on forms provided. If you do not have a National Architectural Accrediting Board (NAAB) accredited degree, documentation of qualifying work experience totaling at least eight years must be submitted. Of these eight years, at least four must be under the supervision of a licensed architect.
5. Your written summary of Washington law and rules. See above for details.

### **Applicants from another country**

Applications for reciprocity from another country will be reviewed by the Board to determine if your qualifications are equivalent to those required under Washington law. You must have passed an exam for licensure equivalent to the NCARB examination.

If you have a college degree from a foreign country, contact NCARB to start a council record. NCARB will help you determine if you need an educational evaluation report.

### **License information**

Your license will be issued after successful completion of the oral interview or approval from the Board to set aside the oral interview requirement. A wall certificate suitable for framing will follow in approximately 60 days. It is important that you notify the Board's office of any address change to ensure receipt of renewal notices. Please contact the Board at (360) 664-1388 if you have any questions.

### **Mailing instructions**

Mail the application, application fee, and initial licensing fee to:  
Washington State Board for Architects  
PO Box 9048  
Olympia, WA 98507-9048

Mail all other supporting documents to:  
Washington State Board for Architects  
PO Box 9045  
Olympia, WA 98507-9045

**Once filed, this application is a public record and is subject to public disclosure. RCW 42.56**

# Architect Registration Initial Application

FOR VALIDATION ONLY

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003-070-208-0000

Application method (Check one):

- Examination     Reciprocity     Direct Registration

Make remittance payable to: State Treasurer  
 Send this application with your remittance to:  
 Department of Licensing  
 PO Box 9048  
 Olympia, WA 98507-9048

## 1. Personal information – Print your name as you wish it to appear on your certificate.

Name (Last, First, Middle)		Maiden name (If applicable)		Gender (F or M)	Date of birth (Mo, Day, Yr.)
Street address				Social Security number*	
City			State	ZIP code	County
Telephone number (Normal business hours) ( ) ( )		FAX number ( ) ( )		Home telephone number (Optional) ( ) ( )	
email address		Registration number			
If applying by reciprocity, Indicate State of <b>current</b> registration		Reg. State	Date of original registration		
Seismic requirements completed in (State and date)			If NCARB certified, enter certification number		

\*State Law, RCW 26.23.150, requires all applicants to furnish their Social Security number when applying for this license. If this application is for a business that is a sole proprietorship, the proprietor must furnish his/her Social Security number. An application with incomplete information will not be processed.

## 2. Educational background

Name of colleges, universities, technical schools	Location	Dates of attendance		Degree
		From	To	
Applicable education and supplemental training	Location	Dates of attendance		Certificate/degree, etc.
		From	To	

## 3. Licensing and legal history

1. Have you ever been convicted of a felony or misdemeanor other than a traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has your registration been revoked, suspended, or denied in any licensing jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you received any disciplinary action in another jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If your answer to any of the above is Yes, attach explanation on a separate 8-1/2" x 11" sheet.

**4. Qualifying experience**

Place in chronological order (*Most recent first*)

Include only practical work experience performing activities involved in the practice of architecture. A résumé alone is not enough.

Give full name and complete current address of employer. Include self employment and military service.	Period of employment Month / Year	Length of employment			Nature of service performed, types of projects, major duties	Verifier's name. Attach an Employment and Experience Verification form for each verifier you list
		Total months	Avg hrs worked	Total hours		
	From		Per week			
	To		Per month			
	From		Per week			
	To		Per month			
	From		Per week			
	To		Per month			
	From		Per week			
	To		Per month			
	From		Per week			
	To		Per month			
	From		Per week			
	To		Per month			
	From		Per week			
	To		Per month			
		Months		Hours	if additional space is required, please attach on 8-1/2" X 11" sheet.	
	<b>Total</b>					

**5. Certification**

I hereby authorize any business associates (past and present) and any governmental agencies (local, state or federal) to release any information, files or records which may be required for a background investigation, to the Department of Licensing. I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind. Should I furnish any false information in this application, I hereby agree that such act may constitute cause for the denial, suspension or revocation of my license to practice in the state of Washington.

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date and place

# Architect Applicant Employment and Experience Summary

Please check one:

- Examination     Reciprocity

The individual whose name appears below has applied to the Board for architectural registration. As a former supervisor, the information you provide will be used to determine the applicant's eligibility for entrance into the exam process or for reciprocal registration. Entrance to the exam may depend on this experience, so specific dates are important.

## 6. Employment verification

Applicant's name																					
Address(Street, City, State, ZIP code)																					
Worked under my supervision at (name of firm)																					
From (Month, Day, Year)	To (Month, Day, Year)	Total months	Avg. hours per month	Avg. hours per week	Total hours																
Check the following activities the applicant performed: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Programming client contact</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Engineering systems coordination</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Site and environmental analysis</td> <td style="border: none;"><input type="checkbox"/> Specifications and materials research</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Schematic design</td> <td style="border: none;"><input type="checkbox"/> Document checking and coordination</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Building cost analysis</td> <td style="border: none;"><input type="checkbox"/> Bidding and contract negotiations</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Code research</td> <td style="border: none;"><input type="checkbox"/> Construction (office)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Design development</td> <td style="border: none;"><input type="checkbox"/> Construction (observation)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Construction documents (graphic)</td> <td style="border: none;"><input type="checkbox"/> Office management</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other: _____</td> <td style="border: none;"><input type="checkbox"/> Project management</td> </tr> </table>						<input type="checkbox"/> Programming client contact	<input type="checkbox"/> Engineering systems coordination	<input type="checkbox"/> Site and environmental analysis	<input type="checkbox"/> Specifications and materials research	<input type="checkbox"/> Schematic design	<input type="checkbox"/> Document checking and coordination	<input type="checkbox"/> Building cost analysis	<input type="checkbox"/> Bidding and contract negotiations	<input type="checkbox"/> Code research	<input type="checkbox"/> Construction (office)	<input type="checkbox"/> Design development	<input type="checkbox"/> Construction (observation)	<input type="checkbox"/> Construction documents (graphic)	<input type="checkbox"/> Office management	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Project management
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<input type="checkbox"/> Construction documents (graphic)	<input type="checkbox"/> Office management																				
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Project management																				
Describe roles and responsibilities																					

## 7. Verifier's information – To be completed by the experience verifier

The person whose name appears above has applied to the board for architect licensing. Your information will be used to determine the applicant's eligibility for licensure. If you are not licensed as an architect please attach a copy of your résumé. Mail this completed form to the board's office at the address shown above.			
Verifier's name	Title		
Verifier's current organization	Telephone number (     )		
Organization's address (Street, city, state, ZIP code)			
Comments			
Your state of licensure	License type	License number	Year of licensure
<b>Is the applicant of good moral and ethical character?</b> <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>			
Signature <b>X</b>			Date
Print or type name			