



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF ARCHITECTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR ARCHITECT LICENSURE INSTRUCTION SHEET

It is the applicant's responsibility to arrange for the Board to receive all required documents listed below. If clarification is needed, the Board may request additional information or documents. To assure consideration of your license application at the next Board meeting, the Board office must receive the required documents no later than 4:30 PM ten full working days before the Board's [meeting date](#).

Requirements for All Applications

The following requirements apply to all applications for Architect licensure.

- Submit completed, signed, notarized [application form](#).
- Enclose [processing fee](#) by check or money order (non-refundable) made payable to "State of Delaware."
 - If you are reapplying, enclose the [reapplication fee](#) on the Fee Schedule.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional requirements depend on the type of application you are filing.

Additional Requirements to Apply by Examination

This section lists the requirements to apply to sit for the [Architect Registration Examination \(ARE\)](#). This requirement is in addition to the requirements in the **Requirements for All Applications** section above,

- Arrange for the Board office to receive the [Intern Development Program \(IDP\) file](#) sent from NCARB *directly* to the Board office

When the Board has reviewed and approved you to sit for the examination, the Board office will notify you and NCARB. You will then schedule the divisions directly with [NCARB](#). You have five years from the date you sit for the first division and pass it to complete all divisions of the battery.

When you pass all divisions of the examination, you must submit another application form and processing fee to update your licensure records. The Board will then review your application for licensure.

Additional Requirements to Apply by Reciprocity with NCARB Certificate

If you hold a National Council of Architectural Registration Boards (NCARB) Certificate, you may apply for licensure by reciprocity using the NCARB Certificate. This requirement is in addition to the requirements in the **Requirements for All Applications** section above,

- Arrange for the Board office to receive the NCARB Certificate sent *directly* from NCARB to the Board office.
 - To request the Certificate, see [Certification and Reciprocity](#) on NCARB's website.

Additional Requirements to Apply by Direct Application

If you do not hold a National Council of Architectural Registration Boards (NCARB) Certificate but you hold a current license in another state, you may apply for licensure by reciprocity by “Direct Application.” These requirements are in addition to the requirements in the **Requirements for All Applications** section above,

- Arrange for the Board office to receive an official transcript sent *directly* from your college/university to the Board office.
 - The transcript must show that you received a Bachelor or Masters of Architecture degree from a program accredited by the National Architectural Accrediting Board (NAAB)
- Arrange for the Board office to receive a [Verification of Employment](#) form from each employer listed in the **PRACTICE EXPERIENCE** section of the application.
- Arrange for the Board office to receive a letter of good standing (license verification) from *each* state where you now hold, or have *ever* held, a license to practice architecture, sent *directly* from the state to the Board office.
- Provide one of the following:
 - Intern Development Program (IDP) file sent from [NCARB](#) to the Board office, OR
 - [Request for Waiver of IDP](#) form. You may request an IDP waiver when you:
 - hold a current license in good standing from a US state or Canadian province, and
 - practiced architecture for five or more years immediately before you applied for a Delaware license

The practice documentation must be acceptable to the Board. For more information, see Section 5.0 of the Board's [Rules and Regulations](#) and the *Request for IDP Waiver* form, both available on the Board's website. Go to dpr.delaware.gov and click on “Architecture.”

Additional Requirements to Reapply for a License

If you were previously licensed in Delaware but your license is lapsed and no longer renewable, you must reapply. These requirements are in addition to the requirements in the Requirements for All Applications section above,

- Submit proof of 24 hours of continuing education from the previous two years.
- What else you need to submit depends on how you applied before and how you are re-applying.

IF your previous application was by...	AND IF you are reapplying by...	THEN...
Examination	NCARB Certificate	Arrange for the Board office to receive a supplemental certificate sent <i>directly</i> from NCARB to the Board office.
Reciprocity with NCARB Certificate		
	NCARB Certificate	Arrange for the Board office to receive the NCARB Certificate sent <i>directly</i> from NCARB to the Board office.
Reciprocity by Direct Application	Direct Application	See the Direct Application section above. Provide updated employment, license verifications and <i>IDP Waiver Request</i> documentation. However, you may contact the Board office to find out if your education documentation is still on file. <u>Note:</u> Your information may no longer be on file in the Board office because lapsed files are periodically archived.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF ARCHITECTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR ARCHITECT LICENSURE

TYPE OF APPLICATION

1. Check the type of application you are filing.

- Examination** - If you check this box, check one of the boxes below:
 - I am applying to sit for the ARE. I will arrange for NCARB to send my IDP file to the Board office.
 - I have passed all divisions of the ARE and am updating my application.
- Reciprocity** - If you check this box, check one of the boxes below:
 - I hold an **NCARB Certificate**. I will arrange for NCARB to send my file to the Board office.
 - I wish to apply through **Direct Application to the Board**.
- Reapplication** - If you check this box, check one of the boxes below:
 - I wish to re-apply by **NCARB Certificate**.
 - If you applied by NCARB before, arrange for NCARB to send a supplemental certificate to the Board office.
 - If you applied by Direct Application before, arrange for NCARB to send your file to the Board office.
 - I wish to re-apply through **Direct Application to the Board**.

IDENTIFYING AND CONTACT INFORMATION

2. Name: _____
Last/Family First Middle
3. Mailing Address: _____
Street
- _____ City State Zip
4. Do you have a U.S. Social Security Number? Yes No If yes, enter your SSN: _____
 If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Date of Birth: _____ Gender: Male Female
6. Phone: _____ Home Work Email: _____

EDUCATIONAL BACKGROUND

7. Enter the following information about the colleges, universities or technical schools you attended. If you need more room, enclose a separate sheet with the same information.

Name: _____
Attendance Dates: From: _____ To: _____ Degree Earned: _____

Name: _____
Attendance Dates: From: _____ To: _____ Degree Earned: _____

If you are applying by reciprocity with direct application, arrange for the Board office to receive a transcript *directly* from your college/university to the Board office.

PRACTICE EXPERIENCE

8. Complete the requested information about each employer through which you are claiming experience. List each period of continuous employment separately even if for the same employer. If any conditions of employment changed (e.g., full-time/part-time status, type of firm), list each period separately.

Employer/Firm Name: _____

Employer Address: _____

_____ City State Zip

Employment Dates: _____ From To _____ From To

Check one: Full Time Part Time – Enter hours per week: _____

Check all that apply: Employee with Architect Supervisor Employee without Architect Supervisor
 Self-Employed Partner or Corporate Officer Architect of Record Engineering
 Construction Planning/Landscape Int. Teaching or Research Architect or Design/Build Other

Employer/Firm Name: _____

Employer Address: _____

_____ City State Zip

Employment Dates: _____ From To _____ From To

Check one: Full Time Part Time – Enter hours per week: _____

Check all that apply: Employee with Architect Supervisor Employee without Architect Supervisor
 Self-Employed Partner or Corporate Officer Architect of Record Engineering
 Construction Planning/Landscape Int. Teaching or Research Architect or Design/Build Other

Employer/Firm Name: _____

Employer Address: _____

_____ City State Zip

Employment Dates: _____ From To _____ From To

Check one: Full Time Part Time – Enter hours per week: _____

Check all that apply: Employee with Architect Supervisor Employee without Architect Supervisor
 Self-Employed Partner or Corporate Officer Architect of Record Engineering
 Construction Planning/Landscape Int. Teaching or Research Architect or Design/Build Other

If you are applying by reciprocity with direct application, arrange for the Board office to receive *Verification of Employment* forms from each employer listed above.

LICENSURE HISTORY

9. List all states where you are currently licensed/registered or were previously licensed/registered as an architect:

If you are applying or re-applying by reciprocity with direct application, arrange for the Board office to receive verification of licensure *directly* from each state's licensing agency.

DISCLOSURES

10. Have you been denied registration in any jurisdiction? Yes No **If yes, enclose a separate sheet that lists date(s), jurisdiction(s) and provides details, including the basis for the action against you and the result of any appeal.**

11. Have you been the recipient of any administrative penalties regarding your practice your profession such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations, or been a party to a 'consent agreement' containing conditions placed by a Board on your professional conduct and practice, including any voluntary surrender of a license? Yes No **If yes, enclose a separate sheet that lists date(s), jurisdiction(s) and provides details including the basis for the action against you and the result of any appeal.**

12. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No **If yes, submit a certified copy of your criminal history record.**

If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within six months of filing may be considered abandoned and discarded.

Please note: When your application for licensure is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I am aware that the Board's statute and rules and regulations are both available on the Board's website at dpr.delaware.gov. If I do not have internet access, I may request a copy from the Board office. I am aware that it is my responsibility to obtain a copy and be familiar with the content of the statute and rules and regulations.

I, the undersigned, being duly sworn, upon my oath depose and say that I am the person making the foregoing statements and that they are made in good faith and are true in every respect.

Applicant Signature: _____ **Date:** _____

County of _____ State of _____

Subscribed and sworn to before me this _____ day of _____,
2_____

Signature of Notary Public : _____

SEAL

My Commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED PROCESSING FEE WILL BE REJECTED.