

# INSTRUCTION SHEET

## ARCHITECTURE

- Acceptance of Examination
- Endorsement of License
- Restoration

BEFORE COMPLETING THE APPLICATION PACKAGE, read and then follow the directions as they apply to you. This will aid you in accurately completing your application and thus, eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR 3 YEARS FROM DATE OF RECEIPT.** If you are issued a license, please be advised your license will expire on November 30 of each even-numbered year.

All applicants must complete the 4-page Application for Licensure and/or Examination and submit it with the supporting documents required by the method under which application is being made. You may apply for licensure under one of the following application methods: Acceptance of Examination, Endorsement of License, or Restoration.

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

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### FIRM REGISTRATION REQUIRED

Any corporation, professional service corporation, partnership, limited liability partnership, or limited liability company, which includes in its stated purposes, practice or **holds itself out as available to practice architecture is required by Illinois statute to register with the Department as a Professional Design Firm.**

Authority to transact business in Illinois **must** be obtained from the Illinois Secretary of State's Office **prior** to registering with the Department.

Any sole proprietorship owned by an Illinois licensed architect and conducting business in Illinois under an assumed name (a name other than the real name of the sole proprietor) is required to register with the Department as a Professional Design Firm.

Any general partnership which includes in its stated purpose, practice, or holds itself available to practice land surveying shall register as a Professional Design Firm

A separate application and fee is required.

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**Additional application forms can be downloaded from the IDPR Web site at [www.idfpr.com](http://www.idfpr.com).**

**Application for  
Licensure and/or Examination**

**Note**  
*To apply for licensure  
 by Acceptance of  
 Examination, you  
 must have passed all  
 divisions of the A.R.E.*

Complete the four-page Application for Licensure and/or Examination as follows:

1. Part I-A--Application Category Information--Select method of application and complete Part I as indicated below:

| 1. Profession Name | 2. Profession Code | 3. Licensure Method       | 4. Fee |
|--------------------|--------------------|---------------------------|--------|
| Architect          | 001                | Acceptance of Examination | \$100  |
| Architect          | 001                | Endorsement of License    | \$100  |
| Architect          | 001                | Restoration               | *      |

\*See Supporting Document **RS** for fee amount.

2. Part I-B--Check the box indicating the appropriate information regarding your application.
3. Part II--Applicant Identifying Information--Enter all applicable information requested. You **MUST** include your social security number in Box 3.
4. Part III--Education Information:
  - a. Numbers 1 through 5--Enter all applicable information requested.
  - b. Number 6--Indicate all post-secondary education which you have attended since graduation from high school. Please indicate beginning and ending dates by year.
  - c. Number 7--Indicate all post-graduate professional training.
5. Part IV--Record of Licensure Information--Indicate in this area whether or not you have ever held a license as an Architect or a related license. Supporting document **CT-ARC** must also be completed by the jurisdiction of original licensure and the jurisdiction where you predominately practice.
6. Part V--Record of Examination--If you have ever written the Architect Registration Examination or other licensing examination in Illinois or any other jurisdiction, indicate this in Part V (page three) of the application.
7. Part VI--Personal History Instructions--Must be completed by all applicants.
8. Part VII--Examination Coding Information--**DO NOT COMPLETE PART VII** (page four) of the **Application for licensure and/or Examination**.
9. Part VIII--Child Support and/or Student Loan Information--Must be completed by all applicants.
10. Part IX--Certifying Statement--Read the certifying statement and then sign and date your application

**Need Assistance**

If assistance is needed, direct your request to the following telephone number: 217-782-8556.

Telecommunication Device for the Deaf (TDD) - 217-524-6735

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

## ACCEPTANCE OF EXAMINATION

**DO NOT SUBMIT AN APPLICATION TO THE DEPARTMENT UNLESS  
YOU HAVE PASSED ALL DIVISIONS OF THE A.R.E.**

*Send Acceptance of Examination  
Application to:*

**Illinois Department of Financial  
and Professional Regulation  
ATTN: Division of Professional  
Regulation, Design/PSS4  
P.O. Box 7007  
Springfield, IL 62791**

*Please allow 3 weeks from mailing  
your application before making an  
inquiry concerning its status.*

An applicant who satisfies one of the following education and diversified professional training requirements (IDP) listed below and who has successfully completed the Architect Registration Examination (A.R.E.) may apply for licensure in Illinois within one year of passage of the A.R.E.

1. A 6-year professional degree in architecture (M/Arch) from a program accredited by the National Architectural Accrediting Board (NAAB), plus 700 training units or 5,600 training hours as set forth in the NCARB IDP Guidelines *and* Section 1150.10b) of the Rules for the Administration of the Illinois Architecture Practice Act of 1989.
2. A 5-year professional degree in architecture (B/Arch) from a program accredited by NAAB, plus 700 training units or 5,600 training hours as set forth in the NCARB IDP Guidelines *or* Section 1150.10b) of the Rules for the Administration of the Illinois Architecture Practice Act of 1989.
3. A pre-professional 4-year baccalaureate degree in architecture from a program acceptable for direct entry into a professional master of architecture degree program, plus 1170 training units or 9,360 training hours as set forth in the NCARB IDP Guidelines *and* Section 1150.10b) of the Rules for the Administration of the Illinois Architecture Practice Act of 1989.

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

**To apply for licensure on the basis of acceptance of examination**, you must submit the documents listed below:

1. Properly completed 4-page Application for Licensure and/or Examination. (See page 2.)
2. A signed and dated affidavit attesting you have read and understand the Illinois Architecture Practice Act and Administrative Rules. (No form provided.)
3. NCARB IDP Council Record - You must request NCARB to transmit your IDP Council Record to this Department at your expense.
4. If you are a **foreign-educated** applicant, you must submit proof of passage of the Test of English as a Foreign Language--internet Based Test (TOEFL-iBT) with a minimum score of 26 on the speaking module and a total minimum integrated score of 88, or the Test of English as a Foreign Language (TOEFL) with a minimum score of 550 or 213 for the computer-based test and the Test of Spoken English (TSE) with a score of 50, for

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## Acceptance of Examination (cont'd)

applicants who graduated from an architectural program outside the United States or its territories and whose first language is not English. In order to determine applicants whose first language is English, the applicant shall submit verification from the school that the architectural program from which the applicant graduated was taught in English.

To obtain information about TOEFL-iBT and TOEFL and TSE testing, contact:

TOEFL Services  
P.O. Box 6151  
Princeton, New Jersey 08541-6151

or by Telephone: 609/771-7100  
FAX 609/771-7500  
TTY 609/734-9364.

5. Applicants who received their education in a foreign country shall have the education comprehensively evaluated at their expense. Applicants shall obtain an EESA-NCARB Evaluation Report prepared by the Education Evaluation Services for Architects (EESA), which is administered by NAAB. Applicants may request the report from the National Architectural Accrediting Board, 1735 New York Avenue, NW, 3rd Floor, Washington, D.C. 20006; phone 202/783-2007; or [www.naab.org](http://www.naab.org). The Board will review all transcripts and the evaluation submitted to the Department to determine if the education meets the requirements set forth in the Act and Rules.
6. Properly complete Supporting Document **VE-ARC**. This document must be completed by the licensed architect for whom you worked since completion of your IDP.
7. Fee in the form of a certified check or money order made payable to the Department of Financial and Professional Regulation. See page 2 of these instructions for fee amount. **Fees are not refundable.**

**Application will not be processed if fee is not submitted.**

## ENDORSEMENT OF LICENSURE

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

*Send Endorsement  
Application to:*

**Illinois Department of Financial  
and Professional Regulation  
ATTN: Division of Professional  
Regulation, Design/PSS4  
P.O. Box 7007  
Springfield, IL 62791**

*Please allow 3 weeks from mailing  
your application before making an  
inquiry concerning its status.*

### **FIRM REGISTRATION REQUIRED**

Any corporation, professional service corporation, partnership, limited liability partnership, or limited liability company which includes in its stated purposes, practice, or **holds itself out as available to practice architecture is required by Illinois statute to register as a Professional Design Firm** with the Department. Authority to transact business in Illinois must be obtained from the Illinois Secretary of State's office prior to registering with the Department.

Any sole proprietorship owned by an Illinois licensed professional engineer and conducting business under an assumed name (a name other than the real name of the sole proprietor) shall register as a Professional Design Firm. Any general partnership which includes in its stated purpose, practice, or holds itself available to practice professional engineering shall register as a Professional Design Firm.

A separate application and fee is required.

To apply for licensure by endorsement, you **MUST** hold an **ACTIVE** license/registration as an Architect in another U.S. jurisdiction. The requirements for licensure in the other jurisdiction must be, on the date of granting the license, substantially equivalent to the requirements in force in Illinois at that time. Applicants originally licensed after August 9, 1998, shall submit an NCARB IDP Council Record. **The application which you submit is valid for 3 years from date of receipt.**

The following documents must be submitted:

1. Properly completed 4-page Application for Licensure and/or Examination. (See page 2.) Do not state "See NCARB Record" on the application form.
2. A signed and dated affidavit attesting you have read and understand the Illinois Architecture Practice Act and Administrative Rules. (No form provided.)
3. IDP Record for applicants initially licensed after August 9, 1998.
4. NCARB Council Certification, issued by and forwarded directly to the Department by the NCARB, **OR** the documents listed in (a)(b) and (c) below:
  - (a) Properly completed Supporting Document **ED-ARC**. This document must have the school seal affixed. If you do not have a professional degree from an NAAB accredited collegiate school of architecture, an official sealed transcript indicating all credit hours earned must be submitted in lieu of the **ED-ARC** form.
  - (b) Supporting Document **CT-ARC**. This document must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure. **If examinations were passed in different states, verification from each state is required.** If any portion of the examination was passed in Illinois, you must indicate this in Part IV of the application. You are authorized to photocopy this form, if necessary. You must direct the licensing agency/board to return the completed document directly to you in a sealed envelope to be submitted with your application.
  - (c) Properly completed Supporting Document **VE-ARC**. This document must be completed by the licensed architect(s) for whom you worked to verify your architectural experience. Applicants who are sole proprietors or are the sole architect in the firm may complete the **VE-ARC** form. Applicants who have an NCARB IDP record must submit a **VE-ARC** to verify your professional experience since completion of your IDP.

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**Endorsement (cont'd)**

5. If you are a **foreign-educated** applicant who graduated from an architectural program outside the United States or its territories, the following documents must accompany your application:

- (a) Persons who were first licensed after January 1, 1997: If your first language is not English, you must submit proof of completion of the Test of English as a Foreign Language--internet Based Test (TOEFL-iBT) with a minimum score of 26 on the speaking module and a total minimum integrated score of 88 *or* the Test of English as a Foreign Language (TOEFL) with a minimum score of 550 or 213 for the computer-based test and the Test of Spoken English (TSE) with a minimum score of 50. In order to determine countries whose first language is English, the applicant shall submit an official verification that English is the only national language, *or* verification that the architectural program is taught in English.

To obtain information about TOEFL-iBT and TOEFL and TSE testing, contact:

TOEFL Services  
P.O. Box 6151  
Princeton, New Jersey 08541-6151  
or by Telephone: 609-771-7100  
FAX: 609-771-7500  
TTY: 609-734-9364.

- (b) You must submit a EESA-NCARB Evaluation Report prepared by the Education Evaluation Services for Architects (EESA) which is administered by NAAB. You may request the evaluation report from the National Architectural Accrediting Board, 1735 New York Avenue, N.W., 3rd Floor, Washington, D.C. 20006, by phone 202-783-2007, or [www.naab.org](http://www.naab.org) pursuant to Section 1150.10(a)(2)(B) of the Rules for the Administration of the Illinois Architecture Practice Act of 1989. The report must be submitted at the time of making application for licensure. (Note: If you have a Council Record, an additional evaluation is not required.)

6. Fee in the form of check or money order made payable to the Department of Financial and Professional Regulation. See page 2 of these instructions for fee amount. **Fees are not refundable.**

**Application will not be processed if fee is not submitted.**

## RESTORATION

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

### **~IMPORTANT NOTICE~**

These Restoration Instructions apply only to those architects whose licenses have been on inactive status, or in non-renewed status, for three or more years.

**If your license has been inactive, or in non-renewed status, for less than three years, you should contact the Department of Financial and Professional Regulation at 217-782-8556 for detailed instructions on how to restore it to active status.**

*Send Restoration Application to:*

**Illinois Department of Financial  
and Professional Regulation  
ATTN: Division of Professional  
Regulation, Design/PSS4  
P.O. Box 7007  
Springfield, IL 62791**

*Please allow 3 weeks from mailing  
your application before making an  
inquiry concerning its status.*

To restore your Illinois Architect license which has been expired or been placed on inactive status for more than three years, you must submit the application, supporting documents, and fee as indicated on the **RS** form. **Based on the Architecture Licensing Board's evaluation of your application, you may be required to submit additional documentation and/or appear for an oral interview before the Board to determine your current competency to resume active practice as a Licensed Architect.**

1. Properly completed 4-page Application for Licensure and/or Examination. (See page 2.)
2. Supporting Document **CT-ARC**. This document must be completed by the jurisdiction where you have most recently been practicing if other than Illinois. You are authorized to photocopy this form, if necessary. You must direct the licensing agency/board to return the completed document directly to you in a sealed envelope to be submitted with your application.
3. A signed and dated affidavit attesting you have read and understand the Illinois Architecture Practice Act and Administrative Rules. (No form provided.)
4. Properly completed Supporting Document **RS**. The fee payment amount is indicated in the Official Use Only box located on this form. (If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-8556.)
5. Proof of 24 hours of continuing education completed in accordance with Section 1150.105 of the Rules for the Administration of the Architecture Practice Act within two (2) years prior to application. The licensee shall also submit either:
  - A) Sworn evidence of active practice in another jurisdiction. Such evidence shall include a statement from the licensing authority that the licensee was authorized to practice during the term of said active practice (refer to number 2 above); **or**
  - B) An affidavit attesting to military service as provided in Section 16 of the Act; **or**
  - C) Other evidence of continued active practice of architecture for at least the last 3 years. Other evidence shall include, but not be limited to:

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**Restoration (cont'd)**

- 1) Employment in a responsible capacity under the direct supervision and control of a licensed architect; or
  - 2) Lawfully practicing architecture as an employee of a governmental agency; or
  - 3) Teaching architecture in a college or university program accredited by the NAAB; or
  - 4) Attendance during the past 3 years at educational programs conducted by an approved architecture program or a professional architectural association or similar program approved by the Department upon recommendation of the Board.
6. If restoring after active military service, submit copy of DD214.
  7. Fee in the form of a check or money order made payable to the Department of Financial and Professional Regulation. **Application will not be processed if fee is not submitted.**

# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Application Checklist for Architect

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

| FOUR-PAGE APPLICATION REVIEW   | COMPLETED |
|--|-----------|
| Application Fee  |           |
| Affidavit  |           |
|  |           |
|  |           |
|  |           |
|  |           |
|  |           |
|  |           |
|  |           |
| SUPPORTING DOCUMENTS   | SUBMITTED |
| NCARB IDP Council Record, if licensed after August 9, 1998   |           |
| NCARB Certification Record <b>or</b> (education, employment and licensure as noted below)  |           |
| Proof of Education ( <b>ED-ARC</b> form, Official transcript, or <b>EESA-NCARB</b> Evaluation Report) from:  |           |
| Verification of Employment ( <b>VE-ARC</b> ) Form from:  |           |
| Certification of Licensure/Examination ( <b>CT-ARC</b> ) from <i>original</i> state of licensure and <i>current</i> state of licensure:                                |           |
|  |           |
| TOEFL and TSE or TOEFL-iBT Examination Results   |           |
| Form <b>RS</b> , if applicable. ( <b>NOTE</b> : If restoring, verification of at least the last 2 years of engineering experience must be submitted on <b>VE-SEG</b> ) |           |
| Copy of <b>DD214</b> if restoring from active military service   |           |

**All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.**

# APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

## PART I: Application Category Information

### A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

|                    |                              |                     |              |
|--------------------|------------------------------|---------------------|--------------|
| 1. PROFESSION NAME | 2. PROFESSION CODE<br>____ _ | 3. LICENSURE METHOD | 4. FEE<br>\$ |
|--------------------|------------------------------|---------------------|--------------|

### B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- |  |   |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.   | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.               |
| <input type="checkbox"/> Other: _____  |   |

## PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

|  |                                     |  |
|--|-------------------------------------|--|
| 1. NAME<br>LAST                      FIRST                      MIDDLE | 2. TITLE (e.g., M.D., D.D.S., etc.) | 3. UNITED STATES SOCIAL SECURITY NO.<br>____ - ____ - ____ |
|--|-------------------------------------|--|

|   |                         |        |
|---|-------------------------|--------|
| 4. PERMANENT MAILING ADDRESS<br>STREET                      CITY                      STATE/COUNTRY | ZIP CODE<br>____ - ____ | COUNTY |
|---|-------------------------|--------|

|  |                         |        |
|--|-------------------------|--------|
| 5. BUSINESS ADDRESS<br>STREET                      CITY                      STATE/COUNTRY | ZIP CODE<br>____ - ____ | COUNTY |
|--|-------------------------|--------|

|  |                         |
|--|-------------------------|
| 6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE) | 7. MOTHER'S MAIDEN NAME |
|--|-------------------------|

|  |  |   |
|--|--|---|
| 8. PLACE OF BIRTH<br>CITY                      STATE/COUNTRY | 9. DATE OF BIRTH<br>____ / ____ / ____<br>Month                      Day                      Year | 10. AGE<br>____<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male |
|--|--|---|

|   |   |
|---|---|
| 11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED<br>Work: (____) _____ - _____                      Home: (____) _____ - _____<br>(Area Code)                      (Area Code)<br>Fax: (____) _____ - _____                      Fax: (____) _____ - _____<br>(Area Code)                      (Area Code) | 12. PREFERRED e-MAIL ADDRESS(ES) [If available] |
|---|---|

NAME (Last, First, MI):

SS#:

Profession:

**PART III: Education Information**

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1  2  3  4  5  6  7  8  9  10  11  12

Graduated High School?  Yes  No
 Received G.E.D.?  Yes  No

|   |  |   |
|---|--|---|
| 2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED | 3. LAST PRELIMINARY SCHOOL LOCATION (City and State) | 4. DATE OF GRADUATION<br>____ / ____ / ____<br>Month / Year |
|---|--|---|

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1  2  3  4  5  6  7  8

Graduated?  Yes  No

| 6. COLLEGE OR UNIVERSITY NAME<br>(Undergraduate and Graduate) | LOCATION<br>(City and State or Country) | DATES OF ATTENDANCE |                  | TYPE OF DEGREE EARNED |
|---|---|---------------------|------------------|-----------------------|
|   |   | FROM<br>Month/Year  | TO<br>Month/Year |                       |
|   |   |                     |                  |                       |
|   |   |                     |                  |                       |
|   |   |                     |                  |                       |
|   |   |                     |                  |                       |
|   |   |                     |                  |                       |
|   |   |                     |                  |                       |
|   |   |                     |                  |                       |
|   |   |                     |                  |                       |
|   |   |                     |                  |                       |
|   |   |                     |                  |                       |

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

| INSTITUTION NAME | LOCATION<br>(City and State or Country) | DATES OF ATTENDANCE |                  | Did You Complete Training?                               |
|------------------|---|---------------------|------------------|--|
|                  |   | FROM<br>Month/Year  | TO<br>Month/Year |  |
|                  |   |                     |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |   |                     |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |   |                     |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |   |                     |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |   |                     |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

NAME (Last, First, MI):

SS#:

Profession:

**PART IV: Record of Licensure Information**

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

| STATE  | PROFESSION NAME | LICENSE NUMBER | DATE OF ISSUANCE | LICENSE STATUS (Active, Lapsed, etc.) |
|--|-----------------|----------------|------------------|---------------------------------------|
| State of Original Licensure  |                 |                |                  |                                       |
| State of Current Licensure where you most recently have been practicing. |                 |                |                  |                                       |
| Other States of Licensure  |                 |                |                  |                                       |
|  |                 |                |                  |                                       |
|  |                 |                |                  |                                       |
|  |                 |                |                  |                                       |
|  |                 |                |                  |                                       |
|  |                 |                |                  |                                       |

*(If additional space is needed, attach a separate sheet.)*

**PART V: Record of Examination**

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

| NAME OF EXAMINATION | STATE | MONTH/YEAR | EXAM RESULTS             |
|---------------------|-------|------------|--------------------------|
|                     |       |            | (Passed, Failed, Absent) |
|                     |       |            |                          |
|                     |       |            |                          |
|                     |       |            |                          |
|                     |       |            |                          |
|                     |       |            |                          |

*(If additional space is needed, attach a separate sheet.)*

**PART VI: Personal History Information (This part must be completed by all applicants)**

YES NO

- |  | YES | NO |
|--|-----|----|
| 1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>  |     |    |
| 2. Have you been convicted of a felony?  |     |    |
| 3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>   |     |    |
| 4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i> |     |    |
| 5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>   |     |    |
| 6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>  |     |    |

**PART VII: Examination Coding Information (This part is for examination applicants only)**

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

- a) CHART II - Select examination(s) you desire and enter Test Codes.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
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- b) CHART III - Select the examination site you desire and enter Test Center Code:

|  |  |  |  |
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- c) CHART IV - Find your School of Graduation and enter school code:

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- d) Record the number of times you have taken this exam in Illinois or any other state:

|  |  |
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**PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)**

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order.
- Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?  
(NOTE: If you are not subject to a child support order, answer "no.")Yes  No 

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

Yes  No **PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 305/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**VERIFICATION OF  
EMPLOYMENT/EXPERIENCE**

SUPPORTING DOCUMENT

**VE-ARC**

**APPLICANT:** Complete the applicant section of this form. Forward the form to the licensed professional employer or supervisor from whom you obtained your experience. You may duplicate this form if additional copies are needed.

**NOTE:** Professional experience is acceptable only if it was obtained under the supervision of a properly licensed supervisor or employer.

|   |   |   |
|---|---|---|
| 1. NAME<br>LAST FIRST MIDDLE                | 2. DATE OF BIRTH<br>____ / ____ / ____<br>Month Day Year  | 3. SOCIAL SECURITY NUMBER<br>____ - ____ - ____ |
| 4. ADDRESS<br>STREET, CITY, STATE, ZIP CODE | 5. PROFESSION FOR WHICH YOU ARE MAKING APPLICATION<br><b>ARCHITECT</b> <b>0 0 1</b><br>Profession Name      Profession Code |   |
| 6. MAIDEN OR GIVEN SURNAME                  | 7. EMPLOYER NAME AND ADDRESS  |   |
| 8. SUPERVISOR NAME                          |   |   |

**TO THE SUPERVISOR/EMPLOYEE:**

Please complete the remainder of this form. The Board will rely on your answers to the following questions in determining whether or not this applicant should be approved to take the examination or issued a license as an architect in Illinois. Please recognize the importance of this information and give due care to your responses.

Return the completed form directly to the applicant in a sealed envelope to be submitted with the application.

| PART I. SUPERVISOR INFORMATION                                       |  |  |  | PART II. APPLICANT EMPLOYMENT INFORMATION |     |      |       |     |        |                          |                          |
|--|--|--|--|---|-----|------|-------|-----|--------|--------------------------|--------------------------|
| A. SUPERVISOR NAME   |  |  |  | A. DATES AND STATUS OF EMPLOYMENT         |     |      |       |     |        |                          |                          |
|  |  |  |  | FROM                                      |     |      | TO    |     | STATUS |                          |                          |
|  |  |  |  | Month                                     | Day | Year | Month | Day | Year   | Full-time                | Part-time                |
| B. SUPERVISOR'S PROFESSION   |  |  |  |   |     |      |       |     |        | <input type="checkbox"/> | <input type="checkbox"/> |
| C. SUPERVISOR'S LICENSING DATA                                       |  |  |  |   |     |      |       |     |        | <input type="checkbox"/> | <input type="checkbox"/> |
| State(s) of Licensure      License No.      MO/YR Initially Licensed |  |  |  |   |     |      |       |     |        | <input type="checkbox"/> | <input type="checkbox"/> |
| D. BUSINESS NAME   |  |  |  |   |     |      |       |     |        | <input type="checkbox"/> | <input type="checkbox"/> |
| E. BUSINESS ADDRESS      STREET, CITY, STATE, ZIP CODE               |  |  |  |   |     |      |       |     |        | <input type="checkbox"/> | <input type="checkbox"/> |
| F. BUSINESS TELEPHONE NUMBER   |  |  |  |   |     |      |       |     |        | <input type="checkbox"/> | <input type="checkbox"/> |
| Area Code ( ____ )      ____ - ____                                  |  |  |  |   |     |      |       |     |        | <input type="checkbox"/> | <input type="checkbox"/> |

**PART III. APPLICANT EMPLOYMENT INFORMATION - CONTINUED**

B. DESCRIBE THE ARCHITECTURAL PROJECTS IN WHICH THE APPLICANT WAS ENGAGED.

C. IN YOUR OPINION, IS THERE ANY REASON WHY THE APPLICANT SHOULD NOT BE LICENSED TO PRACTICE THE PROFESSION OF ARCHITECT?  YES  NO IF "YES," EXPLAIN.

D. RECORD ANY ADDITIONAL COMMENTS YOU MAY HAVE THAT MAY BE BENEFICIAL IN DETERMINING LICENSURE FOR THIS APPLICANT. IF ADDITIONAL SPACE IS REQUIRED, USE REVERSE SIDE.

I do hereby declare that the information I have recorded hereon is true and correct.

\_\_\_\_\_  
Signature Date

**OFFICIAL USE ONLY**

**NAME (Last, First, MI):**

**SS#:**

**Profession:**