



ARCHITECT LICENSE QUALIFICATIONS, INFORMATION & APPLICATION

Before completing the application, read these instructions and then follow the directions as they apply to your specific situation. This will aid you in accurately completing your application and eliminate any delay in processing. **All Illinois Architect licenses expire on November 30th of even-numbered years, regardless of issuance date.**

Important Information:

- ◆ An application is active for three years from the date of receipt by the Department.
- ◆ Fees must be a check or money order in US currency made payable to IDFPR. **FEES ARE NON-REFUNDABLE.**
- ◆ Before contacting the Department; please review our FAQ's (<http://www.idfpr.com/About/FAQ.asp>) for answers to most questions. If your specific question is not addressed in our FAQ's, please contact the Department at **800.560.6420** for assistance.
- ◆ We recommend that you review the Architecture Practice Act and Administrative Rules here: <https://www.idfpr.com/profs/Architect.asp>

Abbreviations used in this document:

- Architectural Registration Examination (**ARE**)
- National Architectural Accrediting Board (**NAAB**)
- Canadian Architectural Certification Board (**CACB**)
- National Council of Architectural Registration Boards (**NCARB**)
- Education Evaluation Services for Architects (**EESA-NCARB**)
- Education Alternative (**EA-NCARB**)
- Foreign Architect Program (**FAP-NCARB**)
- Test of English as a Foreign Language internet Based Test (**TOEFL-iBT**)
- Architect Experience Program (**AXP**)

LICENSE QUALIFICATIONS

Education:

Initial licensure:

An NAAB Professional degree, CACB Accredited degree or NCARB EESA evaluation equivalency.

Endorsement of license:

An NAAB Professional degree, CACB Accredited degree or NCARB evaluation equivalency via the EESA, EA or FAP. You must meet the educational requirement in effect at the time of original licensure.

Foreign Educated applicants:

- ◆ All foreign educated applicants must either have an EESA evaluation of their degree (that meets NCARB requirements) or complete the FAP Program through NCARB (accepted for Endorsement applicants only) to be accepted by Illinois.
- ◆ Foreign educated applicants must submit proof of passing the TOEFL-iBT exam; unless exempt, pursuant to Section 1150.30 of the Administrative Rules. Contact the Educational Testing Service (ETS) at www.ets.org to start the process to take that exam. **If you have a Post-Graduate Degree in Architecture from an accredited US University, the exam is waived.**

Examination:

- ◆ Illinois utilizes the NCARB ARE exam for licensure as an Architect.
- ◆ All examinations must be taken through NCARB.
- ◆ You must be registered and authorized by NCARB under the Illinois Direct Registration Program in order to take the ARE in Illinois.
- ◆ Illinois does not waive the ARE examination as this is required for licensure as an Architect.

Experience:

Initial licensure:

- ◆ Must meet the current NCARB AXP requirement to be licensed.
- ◆ All experience is required to be documented through NCARB via the AXP Program.

Endorsement of license:

- ◆ You must meet the experience requirement in effect at the time of original licensure.

APPLICATION INSTRUCTIONS

IMPORTANT:

This four (4) page application is used by over 100 professions by the Department.

Read and follow the below steps carefully as they will explain exactly how to complete for this application.

Do NOT write “see NCARB Record” in any field, doing so will require us to return your application to you.

Wait at least four (4) weeks from the date you submit your application to contact the Department for a status update.

The numbers below will correspond with the specific parts of the four (4) page application.

1. APPLICATION CATEGORY INFORMATION AND FEES.

Use the chart below to complete **PART 1** of the application based upon what you are applying for.

Use the rows to locate the method of licensure you are applying for.

If you are applying for your first licensure, you will use **Acceptance of Examination**.

If you are currently licensed as an Architect in another US jurisdiction your method of licensure is **Endorsement**.

There is only one fee that is required.

Profession Name: Architect	Profession Code	Licensure Method	Fee
Architect	001	Acceptance of Examination	\$100
Architect	001	Endorsement of License	\$100

2. APPLICANT IDENTIFICATION INFORMATION.

All applicants must complete this section. If the name shown on your supporting documents is different from that shown on your application, you must submit **PROOF OF LEGAL NAME CHANGE**; I.e. (copy of marriage license, divorce decree, affidavit or court order). **A valid email address is required to receive all department notifications, license download link and renewal notices.**

If you do not have a US Social Security Number, contact the Department for the appropriate affidavit form.

3. EDUCATION INFORMATION.

All applicants must complete this section. All applicants must submit an official transcript from **each** college listed on the application unless contained in your NCARB Record. Refer to Page one for the educational requirements and additional requirements for foreign graduates.

4. RECORD OF LICENSURE INFORMATION.

All applicants must complete this section. List **ONLY** the active license(s) you hold.

If you have never been licensed as an architect, simply write N/A in the State of Original Licensure field.

5. RECORD OF EXAMINATION.

All applicants must complete this section. Please list **ARE** for the name of the exam, the state in which the exam was passed, month/year of the last portion passed and list **passed**. Do not list each portion individually or list portions that were failed.

6. PERSONAL HISTORY INFORMATION.

All applicants must complete this section. If you answer YES to any question, you must submit the required documentation set forth by that question and include a personal statement.

7. CHILD SUPPORT AND TAX INFORMATION.

All applicants must complete this section by law.

8. CERTIFYING STATEMENT.

All applicants must sign and date the application for it to be accepted.

REQUIRED SUPPORTING DOCUMENTS

A. CT-ARC.

This is not required if you are submitting an NCARB Record. This document must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure. **If examinations were passed in different states, a certification from each jurisdiction is required.** If any portion of the examination was passed in Illinois, you must indicate this in Part IV of the application.

B. VE-ARC.

This is not required if you are submitting an NCARB Record. All experience after completion of the AXP must be documented on the Department form VE-ARC and must be supervised by a licensed architect or one who is legally practicing. Each VE-ARC form must remain in the sealed and signed envelope when submitted to the Department.

C. AFFIDAVIT.

All applicants for licensure as an architect must submit an affidavit attesting that he/she has read and understands the Illinois Architectural Practice Act of 1989 and the Administrative Rules.

Notarization is not required, however the affidavit must be signed in ink and dated by the applicant.

You can review the Act and Rules here: <https://www.idfpr.com/profs/Architect.asp>

(An affidavit form is not provided by IDFPR).

Sample affidavit wording:

I John Q Architect, have read and understand the Illinois Architectural Practice Act of 1989 and the Administrative Rules.

Signature _____ Date _____

PROFESSIONAL DESIGN FIRM REGISTRATION

If your Design Firm plans to offer professional services in Illinois (Architecture, Professional Engineering, Structural Engineering, and/or Land Surveying) your Firm must be registered as a Professional Design Firm (PDF) with this Department.

Note: Offering services without a PDF registration is a violation of each four design profession Acts and subject to discipline by the Department. Each office in Illinois must have a resident architect licensed in Illinois.

Each office in Illinois that offers Architectural services must have a resident architect designated.

You may review the requirements here: <https://www.idfpr.com/Forms/RegRequirementsProfDesignFirm.pdf>

APPLICATION CHECKLIST

ALL APPLICANTS MUST SUBMIT:

- ◆ Completed Original Application
- ◆ Application Fee, check or money order (payable to IDFP) in U.S. currency
- ◆ An Affidavit attesting that you have read and understand the Illinois Architecture Practice Act of 1989 and the Administrative Rules. Note: There is no form provided.

INITIAL LICENSE APPLICANTS MUST SUBMIT:

- ◆ An NCARB Council Record

ENDORSEMENT LICENSE APPLICANTS MUST SUBMIT:

- ◆ An NCARB Council Certificate Record

OR

- ◆ Official transcripts from ALL colleges/universities attended (or EESA-NCARB Evaluation Report)
- ◆ Certification from the original state of licensure
- ◆ Certification from the current state of active practice
- ◆ Certification from the original state for passage of the ARE
- ◆ NCARB AXP Record, if licensed after August 9, 1998.

FOREIGN EDUCATED APPLICANTS MUST SUBMIT:

- ◆ TOEFL-iBT examination results
(Waived if NCARB Record shows that BS courses were taught in English or applicant has a Post-graduate degree in Architecture from a U.S. University)

ONCE YOUR LICENSE IS ISSUED:

We recommend that you review the Code Enforcement Manual as it will provide a sample of what your Illinois license seal/stamp should look like and useful information regarding your profession.

You may access the manual here: https://www.idfpr.com/forms/DPR/Design_Code_Manual.pdf

MAIL TO:



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

HAVE QUESTIONS:

Phone (800) 560-6420
Email: FPR.PRFGROUP02@illinois.gov

APPLICATION FOR LICENSURE AND/OR EXAMINATION

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. Check the box indicating the appropriate information regarding your application. Military Military Spouse Not Military Decline to Answer
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

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

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE \$
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C. 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"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

<input type="checkbox"/> Other: _____ | <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, I am now applying under new statutory language. |
|---|--|

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 LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO.
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE 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 CITY STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE <input type="checkbox"/> Female <input type="checkbox"/> Male
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ -- _____ Home: (____) _____ -- _____ Fax: (____) _____ -- _____ Fax: (____) _____ -- _____ (Area Code) (Area Code) (Area Code) (Area Code)		12. REQUIRED E-MAIL ADDRESS

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 OR G.E.D.? Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED
3. LAST PRELIMINARY SCHOOL LOCATION (City and State)
4. DATE OF GRADUATION
____ / ____
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 (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

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

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
		Month/Year	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) :

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.)

SS#:

Profession:

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
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. Do you now have any disease or condition that presently limits 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? <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

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:

--	--	--	--	--	--	--	--	--	--

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 Tax 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? Yes No

(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? 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.

CERTIFICATION BY LICENSING AGENCY/BOARD

SUPPORTING DOCUMENT

CT - ARC

APPLICANT: Complete the applicant section of this form, then forward this form to the state or territory in which you are requesting certification of your examination status, license, or examination scores. Contact certifying jurisdiction for appropriate fee. Photocopying this form is permissible.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (____ -) _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____ to furnish to the Illinois Department
Name of Licensing Agency or Board
of Financial and Professional Regulation or its designated testing service, the information requested below.
Date _____ Signature _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the Certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant has written the following examination:

Name of Examination Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE

E. LICENSURE METHOD

<input type="checkbox"/> Examination (Administered in Your State)	<input type="checkbox"/> Reciprocity with (State) _____
<input type="checkbox"/> National (Name) _____	<input type="checkbox"/> Waiver/Grandfather _____
<input type="checkbox"/> State Constructed _____	<input type="checkbox"/> Credentials _____
<input type="checkbox"/> Other (Name) _____	<input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Endorsement of License (State) _____	
<input type="checkbox"/> Acceptance of Examination Results (Administered in Another State) _____	

F. CURRENT LICENSE ACTIONS

Active Inactive Lapsed Other (explain) _____

PART III - FORMAL ACTIONS

Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction, or limitation? (If yes, attach a certified copy of disciplinary action.) Yes No

NAME (Last, First, MI):

SS#:

Profession:

PART IV. - CERTIFICATION OF EXAMINATION SCORES

EXAMINATION SYLLABUS (After January, 1954)		MINIMUM PASSING SCORE	HOURS	GRADE	DATE PASSED							
A. Education & Experience / B. Personal Audience												
C. History & Theory of Architecture												
D. Site Planning												
E. Architectural Design												
F. Building Construction												
G. Structural Design												
H. Professional Administration												
I. Building Equipment												
EQUIVALENCY EXAMINATION (1973-77)			HOURS	GRADE	DATE PASSED							
I. Architectural												
II. Construction Theory & Practice												
III. Architectural Design/Site Planning												
QUALIFYING TEST (Beginning 1977)			HOURS	GRADE	DATE PASSED							
A. Architectural History												
B. Structural Technology												
C. Materials & Methods of Construction												
D. Environmental Control System												
E. Principals of Site Planning & Architectural Design (Thru 1978 only)												
F. Design/Site Planning (Thru 1978 only)												
PROFESSIONAL EXAMINATION-SECTION A (Beginning 1979)				GRADE	DATE PASSED							
DESIGN/SITE TEST												
PROFESSIONAL EXAMINATION-(Beginning 1973-SECTION B) (Beginning 1979)				GRADE	DATE PASSED							
PART I - Environmental Analysis												
PART II - Architectural Programming												
PART III - Design and Technology												
PART IV - Construction												
ARCHITECTURAL REGISTRATION EXAMINATION (ARE)												
(1983-1987)	GRADE	DATE PASSED	(1988-1996)	GRADE	DATE PASSED	(1997-2009)	GRADE	DATE PASSED	ARE 4.0 (2008-)	GRADE	DATE PASSED	
A-Pre-Design			A-Pre-Design			PD			Program Planning and Practice			
B-Site Design			B-Site Design/Written			SP				Site Planning and Design		
			B-Site Design/Graphic						Building Design & Construction Systems			
C-Building Design			C-Building Design			BP				Schematic Design		
D-General Structure						BT					Structural Systems	
E-Lateral Forces			D/F-General & Long Span			GS			Building Systems			
F-Long Span Structure			E-Lateral Forces			LF				Construction Documents & Services		
G-Mech/Electrical			G-Mechanical/Electrical			ME						
H-Materials/Methods			H-Materials/Methods			MM						
I-Construction Documents			I-Construction Documents			CD						

Have any NCARB examination grades been modified by this state under a review or appeal process? Yes No

If Yes, which divisions? _____

I certify that the information contained herein is true and correct according to the official records of this State.

SEAL _____

Print Name _____ Signature _____

Title _____ Date _____

RETURN THIS FORM TO APPLICANT IN A SEALED ENVELOPE TO BE SUBMITTED WITH APPLICATION.

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

TO THE SUPERVISOR:

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 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																																																																																																
B. SUPERVISOR'S PROFESSION	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> <th colspan="2">STATUS</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> <th>Full-time</th> <th>Part-time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> </tbody> </table>	FROM			TO			STATUS		Month	Day	Year	Month	Day	Year	Full-time	Part-time							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
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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. I understand that giving false information is a violation of Section 22 of the Illinois Architecture Practice Act of 1989.

Signature

Date

Seal

OFFICIAL USE ONLY

NAME (Last, First, MI):

SS#:

Profession: