



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](#).

Applying by Examination

To apply to sit for the Architect Registration Examination (ARE), submit:

- completed, signed, notarized [application form](#)
- [processing fee](#) by check or money order (non-refundable) made payable to "State of Delaware"
- Intern Development Program (IDP) file sent from NCARB 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 to complete 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.

Applying 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. Submit:

- completed, signed, notarized [application form](#)
- [processing fee](#) by check or money order (non-refundable) made payable to "State of Delaware"
- NCARB Certificate sent directly from NCARB to the Board office. To contact NCARB:

National Council of Architectural Registration Boards (NCARB)
1801 K Street, NW, Suite 1100
Washington, DC 20006-1310
Phone: (202) 783-6500 Fax: (202) 783-0290
Website: www.ncarb.org

Applying 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." Submit:

- completed, signed, notarized [application form](#)
- [processing fee](#) by check or money order (non-refundable) made payable to 'State of Delaware'
- 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)
- [Verification of Employment](#) form from each employer listed in the **PRACTICE EXPERIENCE** section of the application
- letter of good standing (license verification) from each state where you now hold, or have ever held, a license sent *directly* from the state to the Board office

In addition to the above, you must provide either:

- 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
 - 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."

Re-Applying for a License

If you were previously licensed in Delaware but your license is lapsed and no longer renewable, you must reapply. Submit:

- completed, signed, notarized [application form](#)
- [processing fee](#) by check or money order (non-refundable) made payable to "State of Delaware"
- 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	contact NCARB to obtain a supplemental certificate sent directly from NCARB to the Board office.
Reciprocity with NCARB Certificate		
Reciprocity by Direct Application	NCARB Certificate	contact NCARB to request NCARB Certificate sent directly from NCARB to the Board office.
	Direct Application	see the Direct Application section above. You must 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.



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APPLICATION FOR ARCHITECT LICENSURE

TYPE OF APPLICATION

1. Check the type of application you are filing.

- Written 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 Name First Name Middle Name

3. Mailing Address: _____
Street

City State Zip

4. Have you been issued 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: _____

6. Home Phone: _____ Work Phone: _____

7. Email: _____

EDUCATIONAL BACKGROUND

8. Name of Colleges, Universities or Technical Schools Attended: _____

9. Attendance Dates: _____ 10. 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

11. 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: _____

Home 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: _____

Home 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: _____

Home 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.

LICENSURE HISTORY

12. 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.

13. Have you been denied registration in any jurisdiction? Yes No **If yes, attach 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.**

14. 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, attach 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.**

15. 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.**

To assure consideration of your license application at the next Board meeting, 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 (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

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.