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Ohio Architects Board Ohio Landscape Architects Board

77 South High Street, 16th Floor Columbus, Ohio 43215-6108 (614) 466-2316

Application for Exemption from the Continuing Education Requirement

Complete the following:

Name	Ohio Registration #
Address	Email
City	Phone
State	Zip Code

____ **Physical disability or illness.** Architect has experienced a disability or illness that prevented the completion of the requirements in a timely manner, or serves as a caregiver for an immediate family member with a disability or illness.

Physician's statement (required)

I certify that the above named individual is unable to participate in any continuing education activities due to physical disability or illness.

Print Physician Name	Condition is: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
Name of Person Under Doctor's Care	Relationship to Licensee
Address	Dates of exemption:
City/State/Zip Code	Telephone
Physician's Signature	Date

____ **Military service:** Architect is on full-time duty, or temporarily called up for duty, in the United State military service, where such activity restricts participation in continuing education activities which fulfill the requirements.

Commanding officer's (or designated representative) statement (required)

I certify that the above named individual is on full-time duty, or temporarily called up for duty, in the United States military service, and where such activity restricts participation in continuing education activities.

Print Officer's Name	Title
Address	Unit
City/State/Zip Code	Telephone
Officer's Signature	Date

____ **Unforeseen emergency, extreme hardship, or other similar circumstances.** Architect has attached proof that the requirements were not met due to an unforeseen emergency, extreme hardship, or other similar circumstances. The cost of continuing education is **not** considered a hardship due to the wide availability of free continuing education online.

By submitting this form, the registrant affirms eligibility for the requested exemption. Falsification can result in disciplinary action.

Signature _____ Date _____

Board Use Only	Date Received	Director Approved
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