

Instructions for Registration as an Architect or Landscape Architect

- Applicants must have a CLARB or NCARB Council Record and have it transmitted to the state of Ohio. Architect reciprocal applicants must have NCARB Certification and have it transmitted to Ohio.
- The application must be notarized. Incomplete applications will be returned. Keep a copy of the application for your files.
- Read Chapter 4703 of the Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC). Obtain online at www.arc.ohio.gov/LawsandRules.aspx.
- The reciprocal registration fee is \$250. The fee for initial licensure by examination is \$50.
- Include a check or money order, payable to "Treasurer, State of Ohio."
- Mail check and application to: Ohio Architects Board, 77 S. High St., 16th Floor, Columbus, OH 43215-6108.
- If applying for initial licensure by examination, have an official copy of your transcript sent directly from your university to the Board. Transcripts are not required for reciprocity.
- Applicants for initial licensure by exam must include a passport-style photo of good quality (color or black/white). Photos are not required for reciprocity.
- Applicants for reciprocity must include proof of a current license to practice architecture or landscape architecture in another state.
- Complete applications are approved in two to three business days. You will receive an email confirmation.
- Ohio has a Mandatory Continuing Education requirement. The CE requirement does not apply to Emeritus or Exam candidates. CE information is available at <http://www.arc.ohio.gov/ContinuingEducation.aspx> New licensees must complete the annual requirement regardless of the date the license is issued. There is no pro-rating of hours.
- All individual licenses are valid through December 31. Architect licenses expire in odd-numbered years; landscape architects expire in even-numbered years. This does not apply to exam candidates; inactive exam candidates are voided after five years.

For questions or assistance, contact:

Stephanie Happ, Licensure/Certification Examiner

Phone: (614) 466-2316

Email: stephanie.happ@arc.ohio.gov

FIRM REGISTRATION REQUIRED

Ohio Revised Code § 4703 requires all firms, partnerships, associations, limited liability companies and corporations to obtain a firm Certificate of Authorization **prior** to providing services in Ohio. See "Firm Registration" at <http://www.arc.ohio.gov/FirmRegistration.aspx> for further information. In addition, all firms must first register to do business in the state of Ohio with the Ohio Secretary of State at <http://www.sos.state.oh.us/sos/Businesses.aspx>

Application #	Certificate #
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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 Registration as an Architect OR Landscape Architect

Check which profession: <input type="checkbox"/> Architecture <input type="checkbox"/> Landscape Architecture	Type of application: <input type="checkbox"/> Examination (\$50) <input type="checkbox"/> Reciprocity (\$250)
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PERSONAL INFORMATION *Complete All Information. Incomplete Applications will be returned.*

First Name	Middle Name	Last Name
Social Security #	Maiden Name	Birth Date (month/day/year)

CREDENTIAL MAILING ADDRESS	
Firm Name (if mailing to)	Email
Street Address	
City, State, Zip Code	County (if Ohio)
Mobile Number (Required)	Office Phone

ANSWER THESE QUESTIONS: If answering **YES** to question 3 or 4, please include a signed and dated statement of explanation, including supporting documentation. Documentation should include, but is not limited to, orders issued by any jurisdiction.

- Yes No** Have you read Chapter 4703 of the Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC)?
- Yes No** Are you aware of the requirements for Firm Registration set forth in Chapter 4703?
- Yes No** Have you been the subject of disciplinary action by any professional registration board? Disciplinary action includes, but is not limited to, reprimands, fines, probation, suspension, supervised practice, revocation, cease and desist or consent orders, settlement agreements, stipulations, etc. Include supporting documentation.
- Yes No** Have you been convicted of any crime (other than a misdemeanor) or are you registered with the State Civil Child Sexual Abuse Registry under ORC 4799.01?
- Yes No** Exam candidates only: Have you taken any divisions of the exam before? List state: _____

Applicant please complete this section	If licensed, Base State	License # (if licensed)	College/University
CLARB or NCARB Record #	If Certified, CLARB or NCARB Certificate #		Degree/date obtained

Board Use Only	Date Received	Check #	Disciplinary Database	Director Approved	Date Licensed
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Ohio Architects Board
Ohio Landscape Architects Board

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YOUR MILITARY SERVICE:
Have you served in the military? Response required.
Yes No
If yes, Military Country of Service
Military Service Branch
Are you still serving in the military (Active or Reserve?)
Yes No
Discharged under honorable conditions?
Yes No
Dates of Service (from MM-DD-YYYY to MM-DD-YYYY)
Proof of Service (Check one)
Enclosed Will be sent prior to approval

YOUR SPOUSE'S MILITARY SERVICE
Has your spouse served in the military? Response required.
Yes No
If yes, spouse's first and last name:
Spouse's SSN #
Military Country of Service
Military Service Branch
Is your spouse still serving in the military (Active or Reserve?)
Yes No
Discharged under honorable conditions?
Yes No
Dates of Service (from MM-DD-YYYY to MM-DD-YYYY)
Proof of Service (Check one)
Enclosed Will be sent prior to approval

A F F I D A V I T

The undersigned, being duly sworn, deposes and says that he/she is the person who executed this application, that the statements contained herein are true, that he/she has not suppressed any information that might affect this application and that he/she has read and understands this affidavit.

Signature _____

Subscribed and sworn before me on this _____ day of _____, 20_____

in the County of _____, State of _____.

Signature of Notary Public

Notary Seal

My commission expires _____