



# Ohio Architects Board

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77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio  
43215-6108

Phone (614) 466-2316  
Fax (614) 644-9048  
[www.arc.ohio.gov](http://www.arc.ohio.gov)

## Instructions for Emeritus Architect Applications (ARC023)

- Submit the notarized Emeritus Application (ARC023).
- Emeritus Architects must meet the following criteria:
  - Fully retired and not engaging in any of the activities defined as the practice of architecture in Ohio Administrative Code 4703-1-01.
  - Over age 65.
  - Licensed in the state of Ohio for at least 10 years.
- Incomplete applications will be returned. Keep a copy for your files.
- Do not send money at this time. We will notify you if any fees are due.
- Mail to: Ohio Architects Board, 77 S. High St., 16<sup>th</sup> Floor, Columbus, Ohio 43215-6108.
- Emeritus architects are exempt from the Ohio Mandatory Continuing Education requirements.

**For questions or assistance, contact:**

**Jodi Ross, Executive Secretary**

**Phone: (614) 466-2316**

**Fax: (614) 644-9048**

**Email: [jodi.ross@arla.state.oh.us](mailto:jodi.ross@arla.state.oh.us)**



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## Application for Emeritus Architect (ARC023)

Name		Email (if available)
Ohio License #	Year Issued	Birth Date (month/day/year)
Mailing address		County (if Ohio)
City and State	Zip code	Phone

**Answer all of the following questions. If you answer yes to any of questions 4 - 6, 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.**

1.  Yes  No I am fully retired and not engaged in any activities defined as the practice of architecture in OAC 4703-1-01 (see instructions).
2.  Yes  No I am at least 65 years of age.
3.  Yes  No I have held an Ohio license to practice architecture for at least ten years.
4.  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.
5.  Yes  No Have you been convicted of any crime (other than a minor misdemeanor)?
6.  Yes  No Are you registered with the Ohio Civil Child Sexual Abuse Registry under ORC 4799.01?

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<b>Board Use Only</b>	Date Received	Check #	Director Approved	Board Approved
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## A F F I D A V I T

By signing this document, the licensee affirms all questions have been truthfully answered, and no information has been withheld that might affect the application. Failure to respond truthfully can result in board sanctions, including denial of the renewal application, fines, suspension, revocation and/or other penalties.

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 \_\_\_\_\_