



arc.ohio.gov

Ohio Architects Board

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

Instructions for Reimbursement of AXP Enrollment Fee

- Eligible applicants will be reimbursed \$100 for enrolling in the Architectural Experience Program (AXP).
- Applicants must be *currently* enrolled and in good standing at an accredited program of architecture within the state of Ohio (UC, Kent, Miami, OSU, and BGSU).
- **Verification of current enrollment must be provided.** Examples of acceptable proof are a copy of the current quarter's official schedule, a letter from a school official, or National Student Clearinghouse verification.
- **Applicant must supply proof of an active NCARB Council Record.** Acceptable proof may be a copy of an email or letter received from NCARB which includes the applicant's Council Record number.
- Keep a copy of the application for your files.
- Incomplete applications will be returned. **Please use the checklist to ensure that both supporting documents are attached.**
- There is no residency requirement.
- Complete applications are generally approved within two to three business days.
- Checks will be issued in approximately 30 days.
- Completed forms can be **emailed** to the Board at cheryl.thaxton@arc.ohio.gov or **mailed** to the Board at:
 - Ohio Architects Board
 - 77 S. High Street, 16th Floor
 - Columbus Ohio 43215
- For questions or assistance, contact:

Cheryl Thaxton
Phone: (614)466-6677
Email: cheryl.thaxton@arc.ohio.gov

Application for Reimbursement of AXP Enrollment Fee

1. PERSONAL (PLEASE PRINT CLEARLY)

Name		Email (required)	
Birth Date (month/day/year)			
Mailing Address			
Street			
City	State	Zip Code	
Phone		County (if Ohio)	

2. ELIGIBILITY

Applicant please complete this section	NCARB Council Record #	AXP Enrollment Date
School Name	Course of study	Expected Graduation Date

3. CHECKLIST

- Verification of NCARB Council Record attached
 Current semester schedule attached

4. ATTESTATION

I hereby attest that I have read and understand this application, that the statements contained herein are true and accurate, and that I have not suppressed any information that might affect this application.

Applicant Signature

Date

Board Use Only	Date Received	Date Approved
-----------------------	---------------	---------------