

Continuing Education Reporting Form

You may attach your A.I.A. transcript. If that is unavailable you must complete this form **and** submit documented evidence of completion. Attach additional sheets as necessary. The hours used to reinstate to active status may not be used again to renew.

Date	Title/Description	Sponsoring Organization/Location	Hours/HSW
Total Public Protection Hours			
<i>Public Protection means courses related to protecting the health, safety and welfare of the public.</i>			

Non-residents who have a mandatory continuing education requirement may submit a statement from their resident state’s licensing board as documented evidence of compliance with their resident state’s mandatory continuing education requirements during the period of nonregistration. The statement shall bear the seal of the licensing board.

Regulatory and Criminal History

Have you ever:

- a. Practiced, or solicited architectural work or represented yourself as an architect in Iowa during the period of nonregistration? Yes No
- b. Have you sealed any technical submissions for Iowa projects during the period of nonregistration? Yes No
- c. Been convicted of a felony in any state, federal, or foreign jurisdiction? Yes No
- d. Had an initial or renewal application for a professional license of any type denied or refused? Yes No

e. Had a professional license of any kind revoked, suspended, cancelled, or otherwise disciplined by a licensing board or agency of any state or a federal agency?

Yes No

f. Surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction?

Yes No

If you answered “yes” to any of the above questions please attach a narrative description of the details and submit copies of the orders or other records that document the event and the current status of the matter.

Affidavit

The applicant agrees as follows:

I will not represent myself as an architect or offer to perform architectural services in this jurisdiction until this application is approved and an architect's license has been reinstated by this board.

I have read and understand [Iowa Code Chapter 544A](#) and [Iowa Administrative Code 193B](#), which govern the activities of my registration in Iowa and I am qualified to practice architecture in Iowa.

I acknowledge that falsely claiming an exemption from the monthly reinstatement fee is a ground for discipline; in addition, other grounds for discipline may arise from practicing on a lapsed certificate, license or permit to practice.

I acknowledge that making a false or erroneous statement to the above questions may subject me to disciplinary action including, but not limited to, immediate revocation or suspension of my registration.

Under penalty of perjury, I hereby affirm/attest that all information provided on this entire application is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Required for Processing
(This page will be destroyed after processing.)

Email Address: _____

Date of Birth ____/____/____

Social Security Number of Licensee: _____ - _____ - _____

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), 272J.8(1) and 193 IAC 4.4. The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Updated 1-22-2014

Payment Information

___ Check

___ Credit Card: VISA MASTERCARD DISCOVER

Amount to be charged: _____ (\$300 PLUS a possible monthly fee as described below.)

Fees:

- \$200 current renewal fee PLUS \$100 reinstatement fee
- \$25 per month or partial month of expired registration up to a maximum of \$750

The \$25 per month shall not be assessed if the applicant for reinstatement did not, during the period of lapse, engage in any acts or practices for which an active architect registration is required in Iowa.

Falsely claiming an exemption from the monthly fee is a ground for discipline; in addition, other grounds for discipline may arise from practicing on a lapsed certificate, license or permit to practice.

The renewal fee is valid until the next renewal date and is not pro-rated, thus if an applicant applies in May for a registration that should be renewed by June 30, the registration may be valid for less than two months. Individuals whose last name begins A-K renew in even numbered years; L-Z renew in odd numbered years.

Card Number _____ - _____ - _____ Expiration (Month/Year) ____/____

Name of Cardholder _____

Signature of Cardholder _____ Phone Number (____) _____ - _____