IOWA APPLICATION FOR ARCHITECT REGISTRATION CHANGE IN STATUS

Choose one: Inactive to Active Status Retired to Active Status

Please print single-sided. Mail Completed form: Iowa Architectural Examining Board 200 East Grand, Suite 350 Des Moines, IA 50309

Name:				
First	Middle	Last		
Iowa Registration Number:				
NCARB Certificate Number (if application of the second sec	able):			
Preferred Address for Corresponden	ce: 🗌 Business 🗌 Resi	dence (please fill in both sections)		
Residence Address:				
City and State:				
Zip:	Country:			
Residence Phone:				
Business Name:				
Zip:	Country:			
Business Phone:				
Is this your daytime telephone number? Yes No				
If no, please provide daytime number	er:			

_____ I am a veteran, as defined in Iowa Code section 35.1(2). I have attached documentation (DD-214) to verify my status as a veteran. Please consider my application under the veteran provisions of 193 Iowa Administrative Code 14.

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. You must have 24 public protection subject (HSW) contact hours of continuing education in compliance with requirements in <u>193B- Chapter 3</u>. 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			
	Public Protection means courses related to protec	ting the health, safety and welfare of the public	c.	

Non-residents who have a mandatory continuing education requirement may complete and sign the following affidavit in lieu of completing or attaching a continuing education report:

OUT OF STATE AFFIDAVIT

A person registered to practice architecture in this state shall be deemed to have complied with the continuing education requirement of this state during the periods that the person is a resident of another state or district which has a mandatory continuing education requirement for architects and the individual meets all requirements of that state or district for practice therein. I, ______, hereby certify that I hold a current registration to practice architecture in my state of residence, which is ______. My resident state has a mandatory continuing education requirement and I maintain the required number of hours to sustain an active registration.

Signature

Date

Regulatory and Criminal History

Have you ever:

- a. Practiced, or solicited architectural work or represented yourself as an architect in Iowa during this period of "inactive" or "retired" status Yes No
- b. Been convicted of a felony in any state, federal, or foreign jurisdiction? Yes
- c. Had an initial or renewal application for a professional license of any type denied or refused?
- d. 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
- e. Surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction?____

YesN	0

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 active license has been granted by this board.

I have read and understand <u>lowa Code Chapter 544A</u> and <u>lowa Administrative Code 193B</u>, which govern the activities of my registration in lowa and I am qualified to practice architecture in lowa.

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 Ioan 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 bylaw including Iowa Code § 421.18. Updated 1-22-2014
Payment Information
Check Credit Card: 🗌 VISA 🗌 MASTERCARD 🗌 DISCOVER
Amount to be charged: \$
Fees: \$100 if reinstating from inactive to active status. \$200 if reinstating from retired to active status. If reinstating from retired status to active status at a date that is less than 12 months from the next biennial renewal date, the fee shall be \$100.
The fee is valid until the next renewal date. Individuals whose last name begins A-K renew in even numbered years; L-Z renew in odd numbered years.
Card NumberExpiration (Month/Year)/
Name of Cardholder
Signature of Cardholder Phone Number ()