

Individual Registration Renewal for biennium July 1, 2017 through June 30, 2019

NAME AND MAILING ADDRESS:

Name: _____

Registration Number: _____ Preferred Address for Correspondence: Business Residence

Residence Address: _____

City: _____ State: _____ Zip: _____

Residence Phone: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

FELONY/DISCIPLINE INFORMATION (attach documentation of questions answered as "yes"):

Since your last renewal:

1. Have you been convicted of a felony criminal offense? Yes No
2. Are there any felony criminal charges now pending against you? Yes No
3. Have you had disciplinary action of any type or been denied licensure/registration by any state board, including Iowa, or similar licensing body, in any governmental agency or jurisdiction? Yes No
4. Are there any architectural or other professional license investigations/disciplinary actions currently pending against you in any state, including Iowa? Yes No

AFFIDAVIT: With my signature, I hereby affirm/attest that the information provided on this application is true and correct to the best of my knowledge and belief. All education reported has been completed prior to the date of this application.

Signature

Date

STATUS / FEE:

Applications postmarked on or before June 30, 2017:

Active: \$200 Inactive: \$100 (See Instructions and sign affidavit below) Retired: \$0 (See Instructions and sign affidavit below)

Applications postmarked on July 1 through July 30, 2017:

Active: \$225 Inactive: \$125 (See Instructions and sign affidavit below) Retired: \$0 (See Instructions and sign affidavit below)

INACTIVE or RETIRED STATUS AFFIDAVIT: I am renewing to an inactive or retired status. I affirm that I will not engage in any of the practices in Iowa that are listed in Iowa Code section 544A.16, without first complying with all rules governing reinstatement to active status.

Signature

Date

NOTE: You must furnish your Social Security number on page 3 of this form for your renewal to process.

CONTINUING EDUCATION REPORTING FORM

Continuing Education Requirement for Active Status

- Registered for less than 12 months: No continuing education required.
- Registered more than 12 months but less than 24 months: At least 12 hours of public protection (HSW) hours
- Registered for 24 months or more: At least 24 public protection (HSW) hours

All classes must be completed between July 1, 2015 and June 30, 2017 (or the date of renewal, whichever is sooner.)

Attach your AIA transcript or complete form below. **You must also attach course completion certificates, which indicate the class is HSW, for all courses submitted on the list or transcript.**

Public Protection Hours (Courses related to protecting the health, safety and welfare of the public):

Add additional sheets as necessary.

DATE(S)	TITLE/DESCRIPTION	SPONSORING ORGANIZATION & LOCATION	HOURS CLAIMED
TOTAL			

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

**IDENTIFICATION AND PAYMENT INFORMATION
REQUIRED FOR PROCESSING**
THIS PAGE WILL NOT BE ADDED TO FILE OR PART OF PUBLIC RECORD

Personal E-mail Address: _____

Business E-mail 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 bylaw including Iowa Code § 421.18.

___ Check Payment Amount \$ _____

___ VISA, MASTERCARD or DISCOVER (Circle One)

Card Number _____ - _____ - _____ - _____

Expiration (Month/Year) ____/____

Name of Cardholder _____

Signature of Cardholder _____

Phone Number (____) _____ - _____ ext _____

INSTRUCTIONS:

Be sure to complete the application in its entirety. Incomplete applications may be returned to you unprocessed. You must renew your registration by June 30, 2016. Registrants who fail to renew by the expiration date are not authorized to practice architecture in Iowa until reinstated as provided in Rule 193B-2.6(544A,17A). Practicing on a lapsed registration could result in disciplinary action.

If registered for less than 12 months, you are not required to report **continuing education**. If registered for more than 12 months but less than 24 months, you must report at least 12 public protection subject hours. If registered for 24 or more months, you must report 24 public protection subject hours. You may submit a copy of your AIA transcript if it covers the period July 1, 2015 thru June 30, 2017. Complete the summary section of this form. **You must attach course completion certificates, which indicate the class is HSW, for all courses submitted on the list or transcript.** To request an exemption for working overseas or active military service, submit a letter of explanation and formal documentation that includes exact dates and location of service. In hardship situations, explain the circumstances and provide supporting documentation.

Inactive registration is available to a certificate holder residing within or outside Iowa who is not engaged in Iowa in any practice for which a certificate of registration as an architect is required. While inactive, a person shall not use the title "architect" or any other title that might imply that the person is offering services as an architect. Continuing education is not required, and the renewal fee is \$100. Reinstatement from inactive status to active status is available during the period of registration by paying current active registration fees and submitting evidence of completion of 24 public protection subject hours of continuing education.

Retired registration is available to a person who does not reasonably expect to return to the workforce in any capacity for which a certificate registration is required due to bona fide retirement or disability. The title "architect retired" may be used in the context of non-income-producing personal activities. Continuing education is not required. Reinstatement from retired status to active status is available during the period of registration by paying current active registration fees and submitting evidence of completion of 24 public protection subject hours of continuing education.

Please return the form with a check made payable to "State of Iowa" or complete the credit card payment section of the form and mail it to: Iowa Architectural Examining Board; 200 E. Grand, Suite 350, Des Moines, IA 50309. You may renew online using our secure website in lieu of mailing your renewal form – address is www.plb.iowa.gov. The site operates 24 hours a day, 7 days a week, and requires payment by Discover, MasterCard or Visa. You will not need to submit a transcript or continuing education report, but will simply report total hours taken during the reporting period.