Ohio Architects Board

77 South High Street, 16th Floor
Columbus, Ohio
43215-6108

Phone (614) 466-2316
Fax (614) 644-9048
www.arc.ohio.gov

Instructions for Application for Registration to Practice Architecture by Reciprocity (ARC 008)

- Submit the notarized Reciprocal Application (ARC008) to: Ohio Architects Board, 77 South High Street, 16th Floor, Columbus, Ohio 43215-6108.
- An NCARB Certificate is required in order to obtain a reciprocal license in Ohio. There are no exceptions.
- Contact NCARB and request transmittal of your NCARB Certificate to this Board.
- Include proof of a current license to practice architecture in another state.
- All applications must be notarized.
- Include check or money order in the amount of $250.00, US dollars only, payable to: **"Treasurer, State of Ohio"**.
- Keep a copy for your files.
- Complete applications (including receipt of the NCARB Council Record/Certificate) are approved within two to three working days.
- Incomplete applications will be returned.
- Ohio has a Mandatory Continuing Education requirement of 24 contact hours every two years.

For questions or assistance, contact:
Stephanie Happ
Phone: (614) 466-2316
Email: stephanie.happ@arla.state.oh.us
Fax: (614) 644-9048

FIRM REGISTRATION REQUIRED

Ohio Revised Code § 4703.18 (H) and (L) requires all firms, partnerships, associations, limited liability companies and corporations to obtain a firm Certificate of Authorization **prior** to providing architectural services in Ohio. See "Firm Registration" at http://www.arc.ohio.gov/FirmRegistration.aspx for further information. In addition, all firms must first register to do business in the state of Ohio with the Ohio Secretary of State at http://www.sos.state.oh.us/sos/businessservices/corp.aspx.

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Certificate No.
Application No.

Application for Registration to Practice Architecture by Reciprocity (ARC 008)

1. PERSONAL

Name		Email (required)	
Social Security No. (required)		Birth Date (month/day/year)	
Send all correspondence to: Home Firm			
Residence address		Firm Name	
Street Address		Street Address	
City, State, Zip + 4	County (if Ohio)	City, State, Zip + 4	County (if Ohio)
Phone		Phone	Fax

2. ANSWER THESE QUESTIONS: If "Yes" to any of question numbers 1 – 3, submit a statement of facts for each question on a separate sheet of paper.

1. ❑ **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.
2. ❑ **Yes** ❑ **No** Have you been convicted of any crime (other than a misdemeanor)?
3. ❑ **Yes** ❑ **No** Are you registered with the Ohio Civil Child Sexual Abuse Registry under ORC 4799.01?
4. ❑ **Yes** ❑ **No** Are you aware of the requirements for firm registration set forth in ORC 4703.18 (H-L)?
5. ❑ **Yes** ❑ **No** Have you read Chapter 4703 of both the Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC)? Obtain online http://www.arc.ohio.gov/LawsandRules.aspx. Download and print a copy for your records.

NAME AS IT SHOULD APPEAR ON THE CERTIFICATE: _____

Applicant please complete this section	NCARB Certificate #
College/University	NCARB File #
Degree/date obtained	NCARB Issue Date
Architect's Base State	Base State Registration #

Board Use Only	Date Received
NCARB Cert Received	Check #
Director Approved	Entered in CAVU
Board Approved	Disciplinary Database

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A F F I D A V I T

The undersigned, being duly sworn, deposes and says that he/she is the person who executed this application, that the statements contained herein are true, that he/she has not suppressed any information that might affect this application and that he/she has read and understands this affidavit.

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 _____