



# Ohio Architects Board

---

77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio  
43215-6108

Phone (614) 466-2316  
Fax (614) 644-9048  
[www.arc.ohio.gov](http://www.arc.ohio.gov)

## Instructions for Emeritus Architect Application

- Emeritus Architect status in the state of Ohio is *not* the same as Emeritus membership in the American Institute of Architects or any other organization.
- Architects who wish to convert to Emeritus should submit a notarized Emeritus application and meet **all** of the following criteria:
  - The Architect must be **fully** retired and **not engaging in any** of the activities defined as the practice of architecture in Ohio Administrative Code 4703-1-01.
  - The Architect must be over age 65.
  - The Architect must have been licensed in the state of Ohio for at least 10 years.
- Emeritus Architects are exempt from Ohio's Mandatory Continuing Education requirements.
- Emeritus Architects must use the title "Emeritus Architect".
- Fees: Architects with Active status do not need to pay a fee. Lapsed or Inactive Architects will need to pay a one-time fee of \$125.00. There is no renewal fee for Emeritus status.
- An Emeritus Architect wishing to practice must return to Active status by submitting a reinstatement application, including payment of all required fees. 24 hours of Continuing Education are required to reinstate. Sixteen of the hours must be Health, Safety and Welfare topics. Hours must have been completed within the past two years. Proof of completion must be in the form of an AIA transcript, Certificates of Completion, or the Board's Self-Report form. Detailed information is available at <http://www.arc.ohio.gov/conted.stm>
- Incomplete applications will be returned. Keep a copy for your files.
- Mail to: Ohio Architects Board, 77 S. High St., 16<sup>th</sup> Floor, Columbus, Ohio 43215-6108.

### For questions or assistance, contact:

**Jodi Ross, Executive Secretary**

**Phone: (614) 466-2316**

**Fax: (614) 644-9048**

**Email: [jodi.ross@arla.state.oh.us](mailto:jodi.ross@arla.state.oh.us)**



# Ohio Architects Board

77 South High Street, 16<sup>th</sup> Fl.  
Columbus, Ohio  
43215-6108

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

## Application for Emeritus Architect

Name		Email (if available)
Ohio License #	Year Issued	Birth Date (month/day/year)
Mailing address		County (if Ohio)
City and State	Zip code	Phone

**Answer all of the following questions. If you answer yes to any of questions 4 - 6, please include a signed and dated statement of explanation, including supporting documentation. Documentation should include, but is not limited to, orders issued by any jurisdiction.**

1.  **Yes**     **No**    I am fully retired and not engaged in any of the activities defined as the practice of architecture in Ohio Administrative Code section 4703-1-01.
2.  **Yes**     **No**    I am at least 65 years of age.
3.  **Yes**     **No**    I have held an Ohio license to practice architecture for at least ten years.
4.  **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.
5.  **Yes**     **No**    Have you been convicted of any crime (other than a minor misdemeanor)?
6.  **Yes**     **No**    Are you registered with the Ohio Civil Child Sexual Abuse Registry under ORC 4799.01?

Continued on next page

<b>Board Use Only</b>	Date Received	Check #	Director Approved	Board Approved
-----------------------	---------------	---------	-------------------	----------------



# Ohio Architects Board

77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio  
43215-6108

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

## A F F I D A V I T

By signing this document, the licensee affirms all questions have been truthfully answered, and no information has been withheld that might affect the application. Failure to respond truthfully can result in board sanctions, including denial of the application, fines, suspension, revocation and/or other penalties.

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 \_\_\_\_\_