



# Ohio Architects Board

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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 Application for Registration by Examination and Use of Title (ARC 006)

- Applicants with a professional degree in architecture may sit for the Architect Registration Exam (ARE) prior to completing the Intern Development Program (IDP).
- Once this application is approved, candidates are authorized to use the titles “Intern Architect” and “Architectural Intern”.
- Application (ARC006) must be notarized. Incomplete applications will be returned. Keep a copy of the application for your files.
- Include check or money order in the amount of \$50.00, payable to “**Treasurer, State of Ohio**” and mail to Architects Board, 77 S. High St., 16<sup>th</sup> Fl, Columbus, OH 43215-6108.
- Have an official copy of your transcript sent directly from your university to the Board.
- Request transmittal of your NCARB Council Record to the Board.
- Include a recent wallet size photo (color or black and white). Digital photos are accepted.
- Complete applications are approved in two to three business days.
- If you do not receive the “Authorization to Test” form from Prometric within two to three weeks after approval of the application, call 800-896-2272.
- The license to practice architecture in the state of Ohio will be issued automatically when IDP has been completed and all sections of the ARE have been passed.

**For questions or assistance, contact:**

**Jodi Ross**

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

**Email: [jodi.ross@arla.state.oh.us](mailto:jodi.ross@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://arc.ohio.gov/Firm.stm> 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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## Application for Registration By Examination and Use of Title (ARC 006)

### 1. PERSONAL

Name		Email (required)	
Social Security No. (required)		Birth Date (month/day/year)	
Send all correspondence to: <input type="checkbox"/> Home <input type="checkbox"/> Firm			
Residence address (required)		Firm Name	
Residence Address		Firm 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 either question number four or five, submit a statement of facts for each on a separate sheet of paper.

- Yes  No Have you read Chapter 4703 of both the Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC)? Obtain online [www.arc.ohio.gov](http://www.arc.ohio.gov). Download and print a copy for your records.
- Yes  No Have you ever taken any sections of the architectural registration examination before?  
If yes, through what state? \_\_\_\_\_ When (mo/yr)? \_\_\_\_\_
- Yes  No Are you aware of the requirements for firm registration set forth in ORC 4703.18 (H-L)?
- Yes  No Have you been convicted of any crime (other than a misdemeanor)?
- Yes  No Are you registered with the State Civil Child Sexual Abuse Registry under ORC 4799.01?

**NAME AS IT SHOULD APPEAR ON THE CERTIFICATE:** \_\_\_\_\_

<b>Applicant please complete this section</b>	NCARB Council Record #	IDP Enrollment Date
College/University	Degree/date obtained	

<b>Board Use Only</b>	Date Received	Check #	Council Record Received
Accelerator	E-License	IDP Completed	ARE Completed
Director Approved	Board Approved	Date Licensed	Cert Mailed



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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 \_\_\_\_\_