



# 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 Reimbursement of IDP Enrollment Fee (ARC 022)

- Eligible applicants will be reimbursed \$100 for enrolling in the Intern Development Program (IDP).
- Applicants must be currently enrolled and in good standing at an accredited school of architecture within the state of Ohio (UC, Kent, Miami, OSU).
- Verification of current enrollment must be provided. Examples of acceptable proof are a letter from the school, a copy of the current quarter's official schedule, or National Student Clearinghouse verification.
- Applicant must supply proof of an active NCARB Council Record. Acceptable proof may be a copy of an email or letter received from NCARB at the time of enrollment and must include the applicant's Council Record number.
- This application must be notarized. Keep a copy of the application for your files.
- Incomplete applications will be returned.
- There is no residency requirement.
- Complete applications are generally approved within two to three business days. You will receive an email confirming approval.
- Checks will be issued in approximately 30 days.
- When the professional degree in architecture has been conferred, candidates must file an "Application for Registration by Examination" in order to take the Architectural Registration Exam (ARE).

**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)**

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## Application for Reimbursement of IDP Enrollment Fee (ARC 022)

### 1. PERSONAL

Name		Email (required)	
Social Security No. (required)		Birth Date (month/day/year)	
<b>Send all correspondence to:</b> <input type="checkbox"/> Permanent Address <input type="checkbox"/> School Address			
Permanent address		School Address	
City, State, Zip + 4	County (if Ohio)	City, State, Zip + 4	County (if Ohio)
Phone		Phone	

### 2. ELIGIBILITY

<b>Applicant please complete this section</b>	NCARB Council Record #	IDP Enrollment Date
College/University	Course of study	Expected Graduation Date

### 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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 \_\_\_\_\_

<b>Board Use Only</b>	Date Received	Director Approved
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