

STATE OF NEVADA

ARCHITECTURAL REGISTRATION EXAMINATION APPLICATION

Dear Applicant:

In response to your request, enclosed is the application form for architectural registration in the state of Nevada by examination. Please complete the form and return the original to our office with a \$50.00 application processing fee. You may wish to keep a copy for your files. An application will not be processed unless it is fully completed and applicable statutory fees are remitted.

This application packet consists of a five-page application, one copy of Chapter 623 of the Nevada Revised Statutes and one copy of the Nevada Lien Law. If your application package is not complete, please contact the board office.

QUALIFICATIONS:

In accordance with NRS and NAC 623, applicants must:

1. Be at least 21 years of age;
2. Be of good moral character;
3. Have obtained a professional degree in architecture from a program accredited by the National Architectural Accrediting Board (NAAB); **and**
 - a) Completed the National Council of Architectural Registration Boards (NCARB) Architectural Experience Program (AXP), formerly known as the Intern Development Program (IDP); **or**
 - b) Have 3 years of training credits (7 years combined education credits and training credits must be completed as of January 1, 1986).

APPLICATION PREPARATION:

1. The application must be typed.
2. If you fail to indicate a preferred mailing address, all correspondence from this office will be directed to the business address.
3. The required photograph should be 2 ½" x 2 ½" (approximately) and similar to a passport photo, taken not more than 12 months prior to the application. Black and white photocopies are not acceptable. Affix the photograph firmly to the form on page one. Sign the photograph so as not to obscure facial features.
4. The application requires two signatures, one on page 5 of the application and one on your photograph.

Name in Full: _____ Date: _____

A. EDUCATION

Indicate, in chronological order, the name and address of each college, university or technical school attended and the information requested below:

Name/Address of Institution	_____	Years (From-To)	_____
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Course of Study	_____	Credits Earned	_____	Year Graduated	_____	Name of Degree	_____
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Name/Address of Institution	_____	Years (From-To)	_____
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Course of Study	_____	Credits Earned	_____	Year Graduated	_____	Name of Degree	_____
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Name/Address of Institution	_____	Years (From-To)	_____
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Course of Study	_____	Credits Earned	_____	Year Graduated	_____	Name of Degree	_____
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B. PROFESSIONAL AND FRATERNAL ORGANIZATION MEMBERSHIP

Name/Address of Organization	_____	Grade of Membership	_____	Date (From-To)	_____
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Name/Address of Organization	_____	Grade of Membership	_____	Date (From-To)	_____
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Name/Address of Organization	_____	Grade of Membership	_____	Date (From-To)	_____
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Name/Address of Organization	_____	Grade of Membership	_____	Date (From-To)	_____
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Name/Address of Organization	_____	Grade of Membership	_____	Date (From-To)	_____
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Name/Address of Organization	_____	Grade of Membership	_____	Date (From-To)	_____
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C. PUBLIC AND COMMUNITY SERVICE

Describe below those public and community activities in which you have been involved:

Name in Full: _____

Date: _____

D. PRACTICAL EXPERIENCE.

Read all of the following instructions before completing this section. **Begin with first employer.**

Full Name and Complete Current Address of Employer		Date of Employment		
		From _____ To _____		
Total Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Sub-Professional	Other (Explain)	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Professional		

Full Name and Complete Current Address of Employer		Date of Employment		
		From _____ To _____		
Total Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Sub-Professional	Other (Explain)	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Professional		

Full Name and Complete Current Address of Employer		Date of Employment		
		From _____ To _____		
Total Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Sub-Professional	Other (Explain)	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Professional		

Full Name and Complete Current Address of Employer		Date of Employment		
		From _____ To _____		
Total Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Sub-Professional	Other (Explain)	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Professional		

Full Name and Complete Current Address of Employer		Date of Employment		
		From _____ To _____		
Total Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Sub-Professional	Other (Explain)	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Professional		

Name in Full: _____

Date: _____

E. ARREST RECORD

Have you ever been arrested for any offense (misdemeanor or felony) for anything other than a traffic violation?

Yes No

If your answer is yes, explain by attachment in full detail, giving dates, offense, places, names, the outcome and penalties, if any.

F. CHILD SUPPORT

Pursuant to NRS 623.225, payment of child support, an applicant for the issuance or renewal of a certificate of registration to practice architecture is required to answer the following questions. A certificate of registration may not be issued or renewed by the board if the applicant fails to do so.

1. Are you currently subject to a court order or a plan approved by the district attorney or other public agency enforcing the amounts owed under a court order for the support of a child?

Yes No

2. If so, are you currently in compliance with the court order and/or plan?

Yes No

G. SPOUSE/DOMESTIC PARTNER OF ACTIVE MILITARY

Are you the spouse/domestic partner of an active military member of the Armed Forces of the United States?

Yes No

If your answer is YES, you must provide supporting documentation to verify that this information is true. Per Nevada Executive Order 2012-11, expedited application processing will be granted to the applicant upon receiving verifying documentation.

Name in Full: _____

Date: _____

AFFIDAVIT

I do not have any architectural commissions nor have I solicited any work or prepared any sketches for any client or associate for any project located in Nevada prior to or at the time of this application. Nor do I propose same prior to my registration. I do realize that practicing architecture for any project located in Nevada without a Nevada registration is a violation of Chapter 623 of the Nevada Revised Statutes.

AUTHORIZATION AND RELEASE

I hereby authorize any individual, company or institution with whom I have been associated, to furnish the Nevada State Board of Architecture, Interior Design and Residential Design with any information concerning my qualifications for registration in Nevada which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith, from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

I, _____, being the applicant named in this application, do hereby attest under penalty of perjury that on _____, 2020, I have personally:

- 1) Read the contents thereof and to the best of my knowledge and belief the foregoing statements are true and correct.
- 2) Do realize that a fraudulent statement in this application is probable cause to have my application denied or revoked, should I be issued one.
- 3) Read and do understand Chapter 623 of the Nevada Revised Statutes.

Signed and attested to this ____ day of _____, 20____

Signature of Applicant