REQUIREMENTS FOR LICENSURE BY EXAMINATION:

- Eligibility: Per Chapter 327 RSMo., Sections 327.131 and 327.151
- Degree: NAAB Accredited Degree in Architecture
- Experience: Completion of the NCARB Intern Development Program (IDP)
- Examination: NCARB Architect Registration Examination® (ARE®)
- Filing Fee: $100 in U.S. Currency (in the form of check or money order)

IMPORTANT: You must complete the ARE prior to requesting that NCARB forward your certified IDP record to the Missouri Board. The IDP record must include the ARE® scores.

Foreign graduates will be required to also submit the following:

- Favorable EESA Evaluation (this is typically included in the NCARB record);
- Certified copy of original transcript of grades;
- Certified copy of diploma evidencing award of architectural degree;
- If transcript and diploma are not in English, an original official translation of same prepared by U.S. unbiased translation service will be necessary.

Application forms must be typewritten; 327.141 RSMo

Application filing fees are non-refundable. Prior to submitting your application, please be sure you have met the minimum requirements (Refer to the Statutes and Board Rules.) If you have any questions, contact the Board office, (573) 751-0047.

We do not accept applications by fax or e-mail. Applications must reflect your original signature and be notarized.

We do not offer temporary licensure.

Incomplete applications will not be processed. All applicants must provide requested information and/or documents as indicated.

It is your responsibility to keep a copy of the application for your files.

An application pending review will be retained for a period of one year from the date it was originally filed.

NCARB IDP records are retained for a period of one year from the date of receipt.

Upon receipt of a completed application, it typically takes 30-60 days for processing pending the volume of applications awaiting review and receipt of NCARB documents. Processing time varies and a specific licensure date cannot be projected.

If licensure is granted, your initial license will be valid until December 31 of the current year. Refer to Statute 327.171 RSMo as well as Board Rules **20 CSR 2030-11.010** and **20 CSR 2030-11.025** regarding renewal of your license.

SOCIAL SECURITY NUMBER DISCLOSURE NOTICE

You must provide your social security number pursuant to state and federal law.

If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

Pursuant to state and federal law, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

(1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
(2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue child support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity for hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

(1) for internal identification purposes;
(2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
(3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
(4) to verify licensure with another state's licensing authority for reciprocity licensure;
(5) for identification purposes in national disciplinary databases (the discovery of a disciplined license in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
(6) for test identification purposes.

NOTICE TO ALL APPLICANTS

Notice to all applicants who are employees or officers or directors of a professional corporation, general business corporation or a limited liability company having the practice of architecture and/or engineering and/or land surveying and/or landscape architecture as one of its purposes. Section 327.401 of the Missouri Registration Law requires such corporations and/or limited liability companies to obtain a certificate of authority in each profession from this Board. If your corporation or limited liability company does not have a certificate of authority an application may be obtained by accessing the Board's website: http://pr.mo.gov/apelsla.

MISSOURI

A-

NCARB NO: (REQUIRED)

ALL INFORMATION IN THIS APPLICATION MUST BE TYPEWRITTEN

I hereby apply for a license to practice architecture based on an architectural degree accredited by the National Architectural Accrediting Board (NAAB), completion of the NCARB Intern Development Program (I.D.P.) and the Architect Registration Examination® (ARE®)

FIRST NAME **MIDDLE** **LAST NAME** **SUFFIX**

If you have had a legal name change, please attach a notarized document attesting to this fact.

PREFERRED NAME FOR LICENSURE DOCUMENTS

BUSINESS (EMPLOYMENT) ADDRESS: AS LISTED WITH THE U.S. POST OFFICE

FIRM NAME:

STREET: **SUITE NUMBER:**

CITY: **STATE:** **ZIP:**

BUSINESS TELEPHONE NUMBER:

RESIDENCE ADDRESS: AS LISTED WITH THE U.S. POST OFFICE

STREET: **APT. NUMBER**

CITY: **STATE:** **ZIP:**

RESIDENCE TELEPHONE NUMBER:

ADDRESS FOR CORRESPONDENCE: ☐ **Residence** ☐ **Business** **E-MAIL ADDRESS:**

SOCIAL SECURITY NUMBER:

BIRTHDATE: **BIRTH PLACE (CITY & STATE):** **CITIZENSHIP:**

EDUCATION

UNIVERSITY: _____ **ADDRESS:** _____
(CITY & STATE)

DEGREE AWARDED: _____ **DATE OF GRADUATION:** _____

Return this application and $100 filing fee in the form of a check or money order made payable to:
Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects, 3605 Missouri Blvd., Jefferson City, MO 65109

FOR BOARD USE ONLY
CHECK DATE
CHECK NUMBER
AMOUNT

APPLICATION FOR ARCHITECT LICENSURE BY EXAMINATION

MISSOURI

NAME

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT

	YES	NO
Have you been finally adjudicated and found guilty, or entered a plea of guilty or nolo condendere, in a criminal prosecution under the laws of this or any other state or of the United States whether or not sentence was imposed including suspended imposition of sentence, suspended execution of sentence and misdemeanor charges? If "YES", please attach a copy of the charges, findings, and order to this application.	☐	☐
In any other licensing jurisdiction, have you been the subject of disciplinary action, or entered into any type of settlement agreement, providing for any limitation on your ability to practice, or monetary penalty or payment of costs? If "YES", please attach a copy of the charges, findings, and order to this application.	☐	☐

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

AFFIDAVIT AND NOTARIZATION

I agree that I will not perform architectural services in this jurisdiction until this application is approved and an architectural license has been granted by the Missouri Board.
The undersigned, being duly sworn upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect. I acknowledge that making a false statement in this application may subject me to disciplinary action including, but not limited to, immediate revocation or suspension of my license.

SIGNATURE OF APPLICANT

STATE OF:
COUNTY OF:

I, _____,
A Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that

_____
Name of Applicant
personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she signed, sealed and delivered the said instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS DAY OF 20

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES:

NOTARIAL SEAL

AFFIX PHOTO HERE
(BUST ONLY, APPROXIMATELY 2⅛ X 2¾")

APPLICATION FOR ARCHITECT LICENSURE BY EXAMINATION

VERIFICATION OF REGISTRATION

Applicants who have completed part of the registration examination in another state(s) are required to forward the attached "Verification of Licensure Achievements" form to those state boards and have those states transmit the results of examination sections completed **directly to:** Missouri Board for Architects, 3605 Missouri Blvd., Jefferson City, Missouri 65109.

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

VERIFICATION OF LICENSURE ACHIEVEMENTS

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS
3605 MISSOURI BLVD.
JEFFERSON CITY, MO 65109

FROM: (STATE PROVIDING VERIFICATION)

I. PERSONAL DATA (TO BE COMPLETED BY THE APPLICANT)

APPLICANT'S NAME			STREET ADDRESS	
CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER	DATE OF BIRTH

II. LICENSURE DATA (TO BE COMPLETED BY THE STATE BOARD PROVIDING THE VERIFICATION)

DATE THE ABOVE NAMED PERSON WAS LICENSED AS AN ARCHITECT	LICENSE NUMBER	LICENSE VALID UNTIL

III. REPORT ON WRITTEN EXAMINATION (TO BE COMPLETED BY THE STATE BOARD PROVIDING THE VERIFICATION)

EXAMINATION SYLLABUS (1954-1975)	HOURS	GRADE MINIMUM	DATE PASSED
A. Education & Experience			
B. Personal Audience			
C. History and Theory of Architecture	3		
D. Site Planning	5		
E. Architectural Design	12		
F. Building Construction	3		
G. Structural Design	5		
H. Professional Administration	3		
I. Building Equipment	5		
EQUIVALENCY EXAMINATION (JUNE 1973-JUNE 1976)			
I. Architectural Theory	2		
II. Construction Theory and Practice	8		
III. Architectural Design/Site Planning	10		
QUALIFYING TEST (JUNE 1977-JUNE 1982)			
A. Architectural History	2		
B. Structural Technology	3		
C. Materials and Methods of Construction	2		
D. Environmental Control Systems	2		
E1. Principals of Site Planning and Architectural Design* (Multiple choice)	1		
E2. Principals of Site Planning and Architectural Design* (Design problem)	11		
*1977-1978			
PROFESSIONAL EXAMINATION – SECTION A (Beginning 1979)			
Design/Site test	12		
PROFESSIONAL EXAMINATION (DECEMBER 1973-DECEMBER 1978) SECTION B (1979-1982)			
Part I Environmental Analysis	4		
Part II Architectural Programming	4		
Part III Design and Technology	4		
Part IV Construction	4		

NAME

III. REPORT ON WRITTEN EXAMINATION (CONTINUED)

ARCHITECT REGISTRATION EXAMINATION (ARE®)	HOURS	GRADE MINIMUM	DATE PASSED
1983-1987			
A – Pre-Design			
B – Site Design			
C – Building Design			
D – Structural Technology - General			
E – Structural Technology - Lateral Forces			
F – Structural Technology - Long Span			
G – Mechanical, Plumbing, Electrical & Life Safety Systems			
H – Materials & Methods			
I – Construction Documents & Services			
1988 - 1996			
A – Pre-Design			
B – Site Design (Written)			
B – Site Design (Graphic)			
C – Building Design			
D/F – Structural: General and Long Span			
E – Structural: Lateral Forces			
G – Mechanical, Plumbing, Electrical and Acoustical Systems			
H – Materials and Methods			
I – Construction Documents			
1997 - JUNE 2009			
Pre-Design			
Site Planning			
Building Planning			
Building Technology			
General Structures			
Lateral Forces			
Mechanical & Electrical Systems			
Building Design/Materials and Methods			
Construction Documents and Services			
ARE® 4.0 - JULY 2008			
Programming, Planning and Practice			
Site Planning and Design			
Building Design and Construction Systems			
Schematic Design			
Structural Systems			
Building Systems			
Construction Documents and Services			

IV. DENIAL, INVESTIGATIONS AND/OR COMPLAINTS

☐ 1. Has the above-named individual ever been denied licensure in your state? ☐ Yes ☐ No If yes, please give details on a separate sheet of paper.

☐ 2. Has a complaint been filed or has formal disciplinary action ever been taken against the above-named individual? ☐ Yes ☐ No If yes, please give details on a separate sheet of paper.

V. REMARKS (INCLUDE ANY DEROGATORY INFORMATION ON FILE, IF ANY)

VI. CERTIFICATION (MUST BE SIGNED AND SEALED OR FORM WILL NOT BE ACCEPTED AS OFFICIAL)

CERTIFIED BY

TITLE

DATE

STATE BOARD SEAL - After completing form, affix State Board embossing seal in lower right hand corner.

Save Print Reset