

Architect Form 3

Verification of Other Professional Licensure/Certification and/or Examination

Complete this form if you hold, or have ever held, a license or certificate to practice any profession* in any jurisdiction and/or want to verify passing parts of the licensing examination in another jurisdiction.

*Profession is defined as professional titles licensed under New York State Education Law.

Applicant Instructions

1. Complete Section I. Be sure to sign and date item 9.
2. Send the entire form to the appropriate licensing/certifying authority for completion of Section II. Be sure to include any fee required by that licensing/certifying authority. We must receive a Form 3 for all professional licenses/certificates you ever held except those issued by New York State Education Department. **This form will not be accepted if submitted by the applicant.**

Section I: Applicant Information

1. Social Security Number _____ 2. Birth Date Month Day Year
(Leave this blank if you do not have a U.S. Social Security Number)

3. Print Name Last
 First
 Middle

5. Telephone/Email Address
Daytime Phone
 Home or Business

Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.

4. Mailing Address Home or Business
(You must notify the Department within 30 days of any address or name changes)

- Area Code Phone
Email Address (please print clearly)
 Home or Business

Line 1

Line 2

Line 3

City

State

ZIP Code

Country/
Province

6. New York State DMV ID Number
(Driver or Non-Driver ID)

*(Leave this blank if you do not have a
New York State DMV ID Number)*

7. Name of licensing/certifying authority to which this form is being sent _____

8. Print your name as it appears on the license/certificate issued by the licensing/certifying authority listed above.

Name _____

Professional title on license/certificate issued _____

9. I request and give my permission to the licensing authority to complete the information on this form and send any documentation requested, including that requested on this form, to the New York State Education Department at the address at the end of this form. I also declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature _____ Date _____

Section II: Verification of Licensure/Certification and/or Examination (Please Print)

Instructions to the Licensing/Certifying Authority: Complete the applicable parts of Section II, sign and date the certification and return all pages of this form in an official envelope **directly** to the Office of the Professions at the address at the end of this form. **This form will not be accepted if returned by the applicant.** Attach additional sheets if necessary.

1. Name of the applicant _____
(see Section I, item 8)

2. Examination Information

Qualifying Test (June 1977 - June 1982)		Hours	Grade	Date Passed
A.	Architectural History	2		
B.	Structural Technology	3		
C.	Materials & Methods of Construction	2		
D.	Environmental Control Systems	2		
E.	Principles of Site Planning & Architectural Design (1977 - 1978)	2(77)		
		1(78)		
F.	Design/Site Planning (1977 - 1978)	10(77)		
		11(77)		
Professional Examination - Section A (June 1979 - June 1982)		Hours	Grade	Date Passed
	Design/Site Test	12		
Professional Examination - (December 1973 - December 1978) - Section B (1979-1982)		Hours	Grade	Date Passed
Part I	Environmental Analysis	4		
Part II	Architectural Programming	4		
Part III	Design & Technology	4		
Part IV	Construction	4		
Architectural Registration Examination - ARE (Beginning 1983 or as noted)		Hours	Grade	Date Passed
1997-2009	1983-1996			
PD	A	Pre-Design		
SP	B	Site Planning (1997-2009)/Site Design (1983-1987)		
		Bwr Site Design - Written (1988-1996)		
		Bwr Site Design - Graphics (1988-1996)		
BP	C	Building Design		
		Building Planning		
BT		Building Technology		
GS	D/F	General Structures (1997-2009)/Structural Tech General & Long Span (1988-1996)		
		Structural Technology - General (1983-1987)		
LF	E	Lateral Forces (1997-2009)/Structural Tech-Lateral Forces (1983-1996)		
		Structural Technology - Long Span (1983-1987)		
ME	G	Mechanical & Electrical (1997-2009)/Mech/Plbg/Elec/Life Safety (1983-1996)		
MM	H	Materials & Methods		
CD	I	Construction Documents & Services		
ARE 4.0 (July 2008 - June 2018)		Hours	Grade	Date Passed
PPP		Programming, Planning & Practice		
SPD		Site Planning & Design		
BDCS		Building Design & Construction Systems		
		Schematic Design		
SS		Structural Systems		
BS		Building Systems		
CDS		Construction Documents & Services		
ARE 5.0 (Beginning November 2016)		Hours	Grade	Date Passed
PcM		Practice Management		
PjM		Project Management		
PA		Programming & Analysis		
PPD		Project Planning & Design		
PDD		Project Development & Documentation		
CE		Construction & Evaluation		

3. If the applicant named above was licensed/certified in your jurisdiction:
 Professional title on license/certificate _____
 License/certificate number _____
 Date of licensure/certification ____ mo. ____ day ____ yr. Expiration date of most recent registration ____ mo. ____ day ____ yr.

Section II: Verification of Licensure/Certification and/or Examination Continued (Please Print)

4. A. Has the applicant been subject to any disciplinary action? Yes No
- B. Are any charges pending against this license/certificate? Yes No

If the answer to either A or B is "yes", please attach a complete explanation with any supporting documentation.

Certification

I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, except as noted above or in any attachments, this licensing/certifying authority has never taken any disciplinary action against this person and that in so far as the licensing/certifying authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature _____

Date _____

Print Name _____

Title _____

Name of Licensing/Certifying Authority _____

Address _____

Seal

Telephone _____ Fax _____

Email _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Architecture Unit, 89 Washington Avenue, Albany, NY 12234-1000.