

STATE OF TENNESSEE
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS
DEPARTMENT OF COMMERCE AND INSURANCE
500 James Robertson Parkway Nashville, TN 37243-1142
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (FAX)

# **Architect Registration Exam (ARE) Information**

(for initial registration as a Registered Architect)

You may fill out forms and applications online. The forms and applications have to then be printed because they must be signed and/or notarized.

# Early ARE Eligibility (before completing IDP)

Interns wishing to sit for the ARE before completing the Intern-Architect Development Program (IDP) of the National Council of Architectural Registration Boards (NCARB) must file the "Application for Early Architect Registration Exam Eligibility" with the Board. Applicants who have completed the IDP and the required experience should submit the application, "Application for Registration to Practice as a Professional Architect," which begins on the fourth page of this package.

#### **Law and Rules**

The Law and Rules can be accessed from the Board's home page. The registration law for architects, engineers, landscape architects, and registered interior designers is found at *Tennessee Code Annotated*, Title 62, Chapter 2.

Before submitting this application, be sure you have met the minimum education and experience requirements for registration, because the application fee is **not refundable**.

# **Applicants with Foreign Degrees**

Rule 0120-1-.11 states that an architectural curriculum of four (4) years or more which is not accredited by the National Architectural Accrediting Board (NAAB) shall be referred at the applicant's expense to a person or entity approved by the Board and qualified to evaluate equivalency to a NAAB-accredited architectural program for evaluation and recommendation. The Board has approved Education Evaluation Services for Architects (EESA), which is administered by the NAAB, to evaluate foreign architecture degrees. For further information regarding the evaluation process, please contact EESA at the address below:

National Architectural Accrediting Board, Inc. 1735 New York Avenue, NW Washington, DC 20006 Phone: 202-638-3372

Website: <a href="www.eesa-naab.org">www.eesa-naab.org</a>
E-mail: <a href="mailto:eesa@naab.org">eesa@naab.org</a>

# Applicants with Non-Accredited Domestic Degrees (including Canadian Architectural Certification Board [CACB] accredited and certified degrees)

Rule 0120-1-.11 states that an architectural curriculum of four (4) years or more which is not accredited by the National Architectural Accrediting Board (NAAB) shall be referred at the applicant's expense to a person or entity approved by the Board and qualified to evaluate equivalency to a NAAB-accredited architectural program for evaluation and recommendation. The Board has approved a professor of architecture to evaluate non- accredited domestic architectural degrees. The cost for such evaluations is \$40 per hour; an invoice for this service will be sent to applicants requiring evaluation following receipt of the evaluation.

# **Intern-Architect Development Program**

Effective December 1, 1984, an applicant for registration by exam must have completed the Intern-Architect Development Program (IDP) of the National Council of Architectural Registration Boards (NCARB) prior to registration. You will need to request that NCARB transmit your IDP record to the Board before registration may be granted. For complete information about IDP, please contact NCARB.

# **Notice Regarding Disclosure of Social Security Numbers**

Federal and state laws, including 42 U.S.C. § 405(c)(2)(C)(i), 42 U.S.C. § 666(a)(13), T.C.A. §§ 36-5-711 and 36-5-1301, require disclosure of the social security number for the purpose of administering the state child support program. The social security number will be redacted prior to making your record available for public inspection.

#### **Forms**

#### (1) Application Form –

- Fill out the application form completely (on-line or after downloading it) and sign it before a notary. Any major modification of state approved forms may cause the Board to reject your application.
- Provide detailed information in regard to design work on projects, progressive in nature, to enable
  evaluation of experience. All time/experience must be accounted for whether it is related to
  architecture or not. You must show the minimum required years of experience at the time of
  registration (not application).

#### (2) Eligibility Verification for Entitlements –

If you are a natural person applying for a license, registration, certification or other benefit you must "Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee's Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States…" Specific instructions are on the three (3) pages following the application.

Submit the appropriately signed form (page 2) and documents, if required, with the application.

#### (3) Reference Form -

- Submit five (5) references from persons acquainted with your technical ability and character.
  - o Three of the five references must be from registered architects.
  - o No more than three (3) references can be from your current employer.
- References are required from both a current employer/supervisor and a past employer/supervisor (if applicable).
- References from relatives are not acceptable.
- You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office. Completed reference forms may be e-mailed to wanda.garner@tn.gov or frances.p.smith@tn.gov.

#### Fees

Submit the application fee with your application. Make check payable to the **Tennessee Department of Commerce and Insurance.** 

Application Fee – **\$30** (non refundable)

ARE Fees – to be paid to NCARB. (Click here for test fee information)

Biennial Registration Fee – **\$140** (due after ARE is passed)

# **Establishing Your Eligibility to Test**

When your application packet is complete, it will be circulated among the architect members of the Board for review. The review may take up to three weeks.

If you are approved to take the Architect Registration Exam (ARE), the Board office will notify you to request eligibility via the ARE tab in your NCARB Record.

Once you request eligibility, this Board will set your eligibility information in My Examination and you will receive an automated e-mail notification that you may now schedule an exam. Please contact NCARB at 202-879-0520 if you have any problems during this process.

# **Location of Exam Sites and Scheduling Information**

Candidates may take the ARE divisions in any order, and at any time, at any Prometric location they choose (subject to availability). Most test centers are open six days a week, 50 weeks a year.

A tutorial will be available at the test center. The specifics with regard to the location of test centers, scheduling and/or canceling an appointment, etc., should be worked out directly with the test center.

The ARE is currently offered on an on-going basis, six days a week, in the following cities: Chattanooga, Clarksville, Franklin, Knoxville, Madison, and Memphis; however, you are not limited to taking the exam in Tennessee.

# **Score Reporting Procedures**

You will have direct access to all score reports through My Examination.

# **ARE Rolling Five-Year Clock**

To pass the ARE, an applicant must achieve a passing grade on each division. A passing grade for any division of the ARE shall be valid for five years, after which time the division must be retaken unless all divisions have been passed. NCARB may allow a reasonable extension of such period in circumstances where completion of all divisions is prevented by a medical condition, by active duty in military service, or by other like causes. Although NCARB will not accept scores beyond five years for the purpose of NCARB certification, *Tennessee Code Annotated* Section 62-2-504(c) allows candidates to retain credit indefinitely for any parts of the exam passed for the purpose of Tennessee registration.

For more information regarding the rolling clock <u>click here</u>.

# **Pending Status**

An application that lacks required information or reflects a failure to meet any requirement will be held in a "pending" status for five (5) years from the date of the application. These requirements include passing the required registration exam.

# **Professional Privilege Tax**

All architects, engineers and landscape architects registered in Tennessee with an active registration status as of June 1 in a given year are required by State law to pay to the Department of Revenue an annual professional privilege tax. This tax should not be paid at the time of application. If your application is approved, and your registration status is active on June 1, you will be billed for the tax by the Department of Revenue <u>VIA E-MAIL</u>. <u>Click here</u> for additional information.

### **Board Contact**

If you have questions about any of this information or about your application, call Wanda Garner or Frances Smith, Architect Applications Coordinators, at 800-256-5758, 615-741-3221, or send an e-mail: <a href="mailto:wanda.garner@tn.gov">wanda.garner@tn.gov</a> or <a href="mailto:frances.p.smith@tn.gov">frances.p.smith@tn.gov</a>.



500 James Robertson Parkway Nashville, TN 37243 Tel: 615-741-2241 http://www.tn.gov/commerce/

FOR OFFICE USE ONLY	
LICENSE TYPE 1201	
TRANSACTION TYPE 1010	
FILE NUMBER	
ENTITY NUMBER	
APPLICATION NUMBER	-
AMOUNT PAID	

#### **ARCHITECT EXAM APPLICATION**

Only applicants with complete applications are eligible for consideration. You may attach additional pages as necessary. Please type or print clearly in ink. Checks should be made payable to the Department of Commerce & Insurance.

Send the completed application to:

Attn: Board of Architectural and Engineering Examiners
The Department of Commerce & Insurance
500 James Robertson Parkway
Nashville, TN 37243

**Section One:** Applicant Identification and eligibility verification

Name of Applicant			
	Last	First	Middle
Are you currently li	censed? Yes/No	If Yes, License Nu	mber
Social Security Nur	nber OR Federal EIN		
Mailing Address _			
_			
_	City	State	Zip Code
Contact Phone Nur	mber:		
Email Address:			

IN-1840 (Rev. 1/6/2016) RDA 10222



# State of Tennessee BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS DEPARTMENT OF COMMERCE AND INSURANCE 500 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243-1142

# APPLICATION FOR REGISTRATION TO PRACTICE AS A PROFESSIONAL ARCHITECT

Type or print legibly

Full Name	Last	First		Mr.	Ms.
			Middle		
Social Security Numb	er				
Residence Address _			City/State/Zip		
Residence Phone No					
Rusiness Affiliation					
Business Address			City/State/Zip		
Business Phone No.			Fax Number		
E					
E-mail Address					
Address for Correspo	ndence: Busines	s Reside	nce		
Date of Birth			City/State		
Citizen of (State/Fore	ign Country)		Can you speak and write English?		
I am applying for regis	stration by:				
Examination					
Have you comple	ted the Intern Developm	ent Program?			
Do you require sp	ecial accommodations f	or the examination	n?		
Comity (for applied	cants registered in anoth	ner jurisdiction)			
Reapplying (if pr	eviously registered in Te	ennessee)			
Previous regist	ration number		Expiration Date:		
NCARB Certificate No	o	Council Record	holders are still required to complete th	ne entire ap	oplication.

Applicant's Full Name			
If you have ever changed your name other name, please list name(s) and			-
Have you passed a written NCARB of so, name state and year			
In what states are you registered? _	(please give lice	nse or registration number	for each)
If you have ever been registered in a	any states other than those na	amed above, please lis	st them.
Have you ever been denied registratesurrendered as a result of disciplinal Board office.  If so, name state and year	ry proceedings? If yes, pleas	e provide additional de	ocumentation to the
ii so, name state and year			
Have you ever been convicted of a f If so, name place and year	•		
EDUCATIONAL BACKGROUND Colleges, Universities, Technical Schools	Dates of Attendance (From-To)	Date of Graduation	Degree Received

Applicant's F	full Name		
EXPERIENCE List each e information of	engagement <b>i</b>	in chronological order beginning with first enga experience on architectural design projects to enable ex	ngement. Provide detailed valuation of your experience.
Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years		
	Months		
	Years		
	 Months		
	Years		
	Months		

Applicant's F	Full Name		
EXPERIENCE List each e information of	engagement i	in chronological order beginning with first enga experience on architectural design projects to enable ev	ngement. Provide detailed valuation of your experience.
Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years		
	Months		
	Years		
	Months		
	Years		
	Months		

List each engagement in chronological order beginning with first engagement. Provide detailed information of progressive experience on architectural design projects to enable evaluation of your experience.					
Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor		
	Years				
	Months				
	Years				
	Months				
	Years				
	Months				
		· ·	i .		

Applicant's Full Name

**EXPERIENCE** 

(Attach additional experience sheet if necessary, using the same format)

Applicant's Full Name			
registered architects. A maximum	m of three reference	es may be from one emp	nical ability. Three references must be from loyer. References are required from both a eferences from relatives are not acceptable.
References	State of Registration	Employer, Past Employer, Client, etc.	Complete Address
APPLICATION AND LAW AND RULES	S <b>A</b> FFIDAVIT		
I hereby make application for reduced become registered. The information			practice in the State of Tennessee until I
I attest that I have read, reviewed the State Board of Architectural a			otated, Title 62, Chapter 2 and the Rules of
		-	Signature
STATE OF			
COUNTY OF			
Sworn to and subscribed before	me thisday	<i>r</i> of	
			Notary Public
My commission expires			



#### STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE REGULATORY BOARDS DIVISION

500 JAMES ROBERTSON PARKWAY DAVY CROCKETT TOWER NASHVILLE, TENNESSEE 37243

#### Eligibility Verification for Entitlements Act Attestation Instructions

INSTRUCTIONS: If you are a natural person applying for a license, registration, certification or other benefit you must:

1. Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee's Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States, by selecting your status in Part A below signing on the line labeled "Applicant's Signature," printing your name on the line labeled "Printed Name" and putting the current date on the line labeled "Date."

**AND** 

#### Do one (1) of the following:

- 2. If you are claiming United States citizenship, present <u>one (1)</u> of the forms of identification provided for in Part B below. If you provided your Social Security Number as part of your application for licensure, registration, certificate or other benefit, no additional documentation is required; however, please be aware that efforts may be made to verify any such number.
- 3. If you are claiming qualified alien status, present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program, as provided in Part C below.
- 4. If you are claiming qualified alien status but you are unable to present two (2) forms of documentation provided for in Part C of this form, then you shall present at least one (J) such document that shall then be verified through the SAVE program.

  or
- 5. If you are claiming you are foreign national not physically present in the United States, contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.

IN-1806 (Rev. 07/14) RDA 10222

### Eligibility Verification for Entitlements Act Attestation

<u>Part A</u>. Eligibility Verification for Entitlements Act Attestation

I hereby attest under penalty of perjury that I am (select one):

A United States citizen;

A qualified alien as defined in Tenn. Code Ann.§ 4-58-102; <sup>1</sup>

A foreign national not physically present in the United States. Further, I understand that should I ever become physically present in the United States while I hold this license, registration, certification or other benefit I agree to immediately contact the issuing agency and provide documentation to confirm my status as a qualified alien.

	_
Applicant's Signature	
D 1 . 137	
Printed Name	Date

Submitting false information or omitting pertinent or material information in connection with this application or any violation of the Eligibility Verification for Entitlements Act may result in the revocation of any license, registration, certification or other benefit issued to the applicant. A person who willfully makes a false, fictitious or fraudulent statement or representation of United States citizenship

may be prosecuted under 18 U.S.C. § 911 and/or the False Claims Act, T.C.A. §§ 4-18-101, et seq.

IN-1806 (Rev. 07/14) RDA 10222

<sup>1</sup> Qualified alien means "A qualified alien as defined by 8 U.S.C. § 1641(b)" or "An alien or nonimmigrant eligible to receive state or local public benefits under 8 U.S.C. § 1621(a)." Pursuant to those statutes, this includes, but is not necessarily limited to:

<sup>•</sup> An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [8 U.S.C. § 1101et seq.];

An alien who is granted asylum under section 208 of the Immigration and Nationality Act [8 U.S.C. § 1158];

<sup>•</sup> A refugee who is admitted to the United States under section 207 of the Immigration and Nationality Act [8 U.S.C.A. § 1157];

<sup>•</sup> An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182(d)(5)] for a period of at least 1 year;

<sup>•</sup> An alien whose deportation is being withheld under section 243(h) of the Immigration and Nationality Act [8 U.S.C. § 1253] (as in effect immediately before the effective date of section 307 of division C of Public law 104-208) or section 241(b)(3) of the Immigration and Nationality Act [8 U.S.C. § 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104-208);

<sup>•</sup> An alien who is granted conditional entry pursuant to section 203(a)(7) of the Immigration and Nationality Act [8 U.S.C. § 1153(a)(7)] as in effect prior to April 1,1980:

<sup>•</sup> An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980);

A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. §§ 1101, et seq.];

An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182 (d)(S)] for less than one year.

Eligibility Verification for Entitlements Act Additional Required Documentation

Part B. If you are claiming United States citizenship, you must present one (1) of the following:

- A valid Tennessee driver license or photo identification license issued by the Department of Safety;
- A valid driver license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Safety;
- An official birth certificate issued by a state, jurisdiction or territory of the United States, including Puerto Rico, United States Virgin Islands, Northern Mariana Islands, American Samoa, Swains Island, or Guam; provided that Puerto Rican birth certificates issued before July I, 2010, shall not be recognized;
- A United States government-issued certified birth certificate;
- A valid, unexpired United States passport;
- A United States certificate of birth abroad (DS-1350 or FS-545);
- A report of birth abroad of a citizen of the United States (FS-240);
- A certificate of citizenship (N560 or N561);
- A certificate of naturalization (N550, N570 orN578);
- A United States citizen identification card (1-197, 1-179);
- Any successor document of those listed at Tenn. Code Ann. §§ 4-58-103(c)(4)-(9); or
- A social security number that may be verified with the Social Security Administration in accordance with federal law (if you provided your social security number as part of your application for licensure, no additional documentation is required; however, please be aware that efforts may be made to verify any such number).

<u>Part C.</u> If you are claiming qualified alien status, you must present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program. Such forms of identification may include:

- I-327 (Reentry Permit);
- 1-551 (Permanent Resident Card);
- I-571 (Refugee Travel Document);
- 1-766 (Employment Authorization Card);
- Certificate of Citizenship;
- Naturalization Certificate;
- Machine Readable Immigrant Visa (with Temporary I-551 Language);
- Temporary 1-551 Stamp (on passport or 1-94);
- Unexpired Foreign Passport;
- WT/WB Admission Stamp in Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status);
- DS-2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status);
- Any other document determined by the U.S. Department of Homeland Security to be acceptable through the Systematic Alien Verification for Entitlements (SAVE) program created pursuant to the federal Immigration Reform and Control Act of 1986.

Part D. If you are claiming qualified alien status, but you are unable to present two (2) forms of documentation as described in Part C, then you shall present at least one (1) such document as described in Part C, which shall then be verified through the SAVE program.

Part  $\underline{E}$ . If you are claiming that you are a foreign national not physically present in the United States, please contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.



# TENNESSEE BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS DEPARTMENT OF COMMERCE AND INSURANCE 500 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243-1142 800-256-5758 615-741-3221 (NASHVILLE AREA) 615-532-9410 (FAX)

# REFERENCE THIS REQUEST LETTER IS TO BE COMPLETED BY THE APPLICANT

(Name and Ad	ddress of Reference)	
		Re:(Print or Type Name of Applicant)
Dear		
I have ma	ade application to the Tennessee Boa	rd of Architectural and Engineering Examiners for registration
	architecture	
practice	engineering	
	landscape architecture	
the experier Board office	nce page(s) from my application for ve	econd page directly to the Board office. I have attached a copy of rification purposes. Please return the experience page(s) to the f more space is needed, please do not write on the back; use a
		(Signature of Applicant)

#### Board Statement to Reference:

This Board is required by law to obtain evidence of the good character and technical ability of applicants for registration as architects, engineers, and landscape architects. Statements by responsible individuals with personal knowledge of the applicant's character and qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an architect, engineer, or landscape architect, qualified to practice in Tennessee.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application.

THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.

(see page 2)

•	age 2 – Reference)  pplicant's name
·	TO BE COMPLETED BY THE REFERENCE THIS IS CONFIDENTIAL INFORMATION — FOR USE OF BOARD MEMBERS ONLY
1.	How long have you known the applicant? From to inclusive
	Are you in any way related to the applicant? What relationship?
	What has been your connection with the applicant?
4.	Is the applicant's experience description listed on the application consistent with your knowledge of his or her
	perience? Yes No Unknown
	omments:
5.	How would you rate the applicant's:
	Above Average Average Below Average Unsatisfactory Unknow
Qι	uality of Work
Te	echnical Knowledge
Pr	ofessional Integrity
<u>C</u> r	naracter & Reputation
6.	To your knowledge, has the applicant ever been convicted of a felony?
7.	Would you employ the applicant in a position of trust?
8.	Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to
	ange designs or specifications?
	If the applicant is in individual practice, please indicate the nature of the practice:
10	Do you recommend the applicant for registration?
	. Remarks concerning the applicant:
Sta	nake the above statements with full knowledge that the person referred to is making application for registration by the ate of Tennessee as an architect, engineer or landscape architect and after having carefully read the information given the previous page.
a.	My full name is
b.	
c.	My title or position is
d.	architect I am/am not a registered engineer landscape architect in the State of License No

(Address—please include an e-mail address or phone number)

(Signature)

(Date)