

Foreign Architect Path to NCARB Certification Credential Verification Form

The National Council of Architectural Registration Boards (NCARB) requires completion of this form in **English** to verify the applicant's current registration/licensure credential to practice architecture outside the United States and Canada. If your credentialing authority is unable to complete the form in English, ask the authority to forward the completed form to a translation service, and have the translation service send the original form and English translation directly to NCARB. *Incomplete forms, falsified forms, and/or forms submitted by applicants will not be accepted.*

Applicant

Please complete Part **A**. Then, ask the credentialing authority to complete Part **B** and to submit the completed form directly to NCARB.

A

Name: (Last, First) _____ NCARB Record No. _____

Country in which you are credentialed: _____ Today's Date (MM/DD/YYYY): _____

Credentialing Authority

Complete Part **B** to verify the applicant's licensure status and submit the completed form directly to NCARB.

1. Name of the profession in which the applicant is credentialed: _____
2. Credential number, if any: _____
3. Country where credential is valid: _____
4. Is your organization or entity the official credentialing authority that can issue and regulate the license to practice architecture? Yes No

If no, briefly describe the other organizations, including their roles and responsibilities:

B

5. Is licensure with your organization or entity mandatory to legally practice architecture within the country. Yes No
6. Does the applicant's credential legally allow the applicant to provide unlimited architectural services? Yes No

If no, briefly describe limitation (for example, limited building size or construction type, supervision requirement, etc.):

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7. Does the applicant's credential have a classification or rank? Yes No

If yes, briefly describe classification or rank:

8. Credential issue date (MM/DD/YYYY): _____

9. Credential expiration date (MM/DD/YYYY): _____ There is no credential expiration date

10. Renewal fee expiration date (MM/DD/YYYY): _____ There is no renewal fee or date

B

11. Current credential status: Active and in good standing Inactive Lapsed
 Revoked Other _____

12. If the credential is inactive, lapsed, or revoked, please list the requirements necessary to reactivate (leave blank if not applicable)

13. Is there a system in place for documentation of disciplinary actions? Yes No

14. If yes, is there record of any disciplinary action against the applicant's credential? Yes No

15. If yes, please explain the record of disciplinary action and current status:

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16. Name, title, and email address of the person at the credentialing authority who completed Part B of this form as well as the credentialing authority's name and website address (include official and verifiable contact information):

Name: (Last, First) _____

Title: _____ Email: _____

Name of organization: _____

Website: _____ Date (MM/DD/YYYY): _____

Credentialing Authority: When you have completed this form, submit via the email or mailing address below:

Email to: foreignarchitect@ncarb.org. Please send via an official and verifiable email address.

B

OR

Mail to:

NCARB

C/O International Fulfillment Corporation

7100 Old Landover Rd Suite 500

Landover, MD 20785

USA