

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 305/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**VERIFICATION OF
EMPLOYMENT/EXPERIENCE**

SUPPORTING DOCUMENT

VE-ARC

APPLICANT INFORMATION:

1. NAME LAST FIRST MIDDLE	DEPARTMENT USE ONLY
2. LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER	

REQUIREMENTS AND INSTRUCTIONS:

Acceptable experience must be gained under the supervision of a licensed Architect.

Applicant: Complete the top portion of the form then forward to your supervisor to complete the remainder of it. Applicants applying for Endorsement without an NCARB Record may self-verify their experience as the supervisor from the date of initial licensure.

Supervisor: Complete the remainder of the form and email it directly to the Department at the address below in order for it to be associated with the application for review by the Board. The Board will rely on your answers in determining if this applicant should be issued a license to practice as an Architect in Illinois. Please recognize the importance of the requested information. Email to: FPR.DESIGNUNIT@ILLINOIS.GOV

SUPERVISOR INFORMATION:

A. SUPERVISOR NAME	B. BUSINESS NAME (AT TIME OF SUPERVISION)
C. SELF-VERIFICATION YES NO	D. BUSINESS WORK ADDRESS (AT TIME OF SUPERVISION) STREET, CITY, STATE, ZIP CODE
E. SUPERVISOR'S LICENSURE DATA STATE(S) OF LICENSURE LICENSE NO. MO/YR INITIALLY LICENSED	F. SUPERVISOR CONTACT INFORMATION Phone () EMAIL

EMPLOYMENT / EXPERIENCE INFORMATION:

1. APPLICANT EMPLOYMENT INFORMATION DURING YOUR SUPERVISION.

A. TYPE OF EMPLOYMENT Full-time Part-time	B. TOTAL TIME EMPLOYED Years Months	C. DATES OF EMPLOYMENT (Use exact dates, not "present") From To
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2. IN YOUR PROFESSIONAL OPINION, IS THERE ANYTHING THAT WOULD CAUSE YOU TO BELIEVE THE APPLICANT SHOULD **NOT** BE LICENSED IN ILLINOIS AS AN ARCHITECT AT THIS TIME?

NO YES (explain below if yes)

PART III. APPLICANT EMPLOYMENT INFORMATION - CONTINUED

B. DESCRIPTION OF ARCHITECTURAL PROJECTS.

Describe in detail the types of architectural projects on which the applicant worked.

Acceptable experience requires the application of technical knowledge and architectural principles. For this reason, it is important that the Board be able to make a clear determination on the applicant's role for each project listed and the type of work performed under your supervision.

Project descriptions should be listed in the below format. Attach additional sheets if necessary.

- 1) Name, location, and type of project
- 2) Applicant role in the design of the project
- 3) Name of Architect of Record for the project

NAME (Last, First, MI):

SS#:

Profession:

SUPERVISOR CERTIFICATION:

I CERTIFY THAT I WAS LICENSED OR LEGALLY PRACTICING IN ALL APPLICABLE JURISDICTIONS FOR THE PROJECTS LISTED ON THIS EXPERIENCE FORM. I UNDERSTAND THAT IF I AM NOT, THE EXPERIENCE SHALL NOT BE ACCEPTED.

I do hereby declare that this applicant was employed by me or worked under my personal supervision for the time period listed and that the information I have reported herein is true and correct to the best of my knowledge.

_____ Date

_____ Signature

_____ Primary Jurisdiction Seal