



Important Information:

- ◆ We recommend that you review the Education, Examination and Experience requirements prior to applying, which can be found at: <https://www.idfpr.illinois.gov/profs/Architect.asp>
- ◆ An application is active for three years from the date of receipt by the Department.

Abbreviations used in this document:

- Architectural Registration Examination (ARE)
- National Architectural Accrediting Board (NAAB)
- Canadian Architectural Certification Board (CACB)
- National Council of Architectural Registration Boards (NCARB)
- Education Evaluation Services for Architects (EESA-NCARB)
- Education Alternative (EA-NCARB)
- Foreign Architect Program (FA-NCARB)
- Test of English as a Foreign Language internet Based Test (TOEFL-iBT)
- Architect Experience Program (AXP)

LICENSE QUALIFICATIONS

EDUCATION:

Initial licensure:

An NAAB Professional degree, CACB Accredited degree or EESA evaluation equivalency.

Endorsement of license:

An NAAB Professional degree, CACB Accredited degree or NCARB evaluation equivalency via the EESA, EA or FA. You must meet the educational requirement in effect at the time of original licensure.

Foreign Educated applicants:

- ◆ All foreign educated applicants must either have an EESA evaluation of their degree (that meets NCARB requirements) or complete the FA Program through NCARB (accepted for Endorsement applicants only) to be accepted by Illinois.
- ◆ Foreign educated applicants must submit proof of passing the TOEFL-iBT exam; unless exempt, pursuant to Section 1150.30 of the Administrative Rules. Contact the Educational Testing Service (ETS) at www.ets.org to start the process to take that exam. **If you have a Post-Graduate Degree in Architecture from an accredited U.S. University, the exam is waived.**

EXAMINATION:

- ◆ Illinois utilizes the NCARB ARE exam for licensure as an Architect.
- ◆ All examinations must be taken through NCARB.
- ◆ You must be registered and authorized by NCARB under the Illinois Direct Registration Program in order to take the ARE in Illinois.
- ◆ Illinois does not waive the ARE examination as this is required for licensure as an Architect.

EXPERIENCE:

Initial licensure:

- ◆ Must meet the current NCARB AXP requirement to be licensed.
- ◆ All experience is required to be documented through NCARB via the AXP Program.

Endorsement of license:

- ◆ You must meet the experience requirement in effect at the time of original licensure.

APPLICATION INSTRUCTIONS

IMPORTANT:

This application is used by the Department for over 100 professions. Not all portions may apply. Before completing the application, read these instructions and then follow the directions as they apply to your specific situation. This will assist you in accurately completing your application and eliminate any delay in processing.

There are five steps to compete in order for your application to be reviewed.

Step I - Complete the **four-page Application for Licensure/Examination** using the below parts:

Part I - APPLICATION CATEGORY INFORMATION AND FEES.

Part IA. Select this **ONLY** if you are a current military service member/spouse.

Part IB. Use the chart below to complete **PART IB 1- 4** of the application to select your method of application. Use the rows to locate the exam or method of licensure you are applying for.

Profession Name: Architect	Profession Code	Licensure Method	Fee
Architect	001	Acceptance of Examination	\$100
Architect	001	Endorsement of License	\$100

Part II - APPLICANT IDENTIFICATION INFORMATION.

All applicants must complete this section. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME CHANGE; (i.e. copy of marriage license, divorce decree, affidavit or court order). **A valid email address is required to receive all department notifications, license download link and renewal notices.** *If you do not have a U.S. Social Security Number, contact the Department for the appropriate affidavit form.*

Part III. EDUCATION INFORMATION.

All applicants (except those submitting an NCARB Record) must complete this section. All applicants must submit an official transcript from **each** college listed on the application unless contained in your NCARB Record.

Part IV. RECORD OF LICENSURE INFORMATION.

Only applicants that currently hold an architect license/registration in another U.S. jurisdiction must complete this section. List **ONLY** the active registration or license(s) you hold.

Part V - RECORD OF EXAMINATION.

Only applicants that have taken an exam must complete this section. Applicants must verify that they have taken and passed each appropriate examination. Review page two for the required examination(s). **DO NOT LIST FAILED EXAMINATIONS, ONLY LIST EXAMINATION(S) YOU HAVE PASSED.**

Part VI - PERSONAL HISTORY INFORMATION.

All applicants must complete this section. If you answer YES to any question, you must submit the required documentation set forth by that question and include a personal statement.

Part VII - EXAM CODING INFORMATION.

All applicants SKIP this section.

Part VIII - CHILD SUPPORT AND TAX INFORMATION.

All applicants must complete this section by law.

Part IX. CERTIFYING STATEMENT.

All applicants must sign and date the application for it to be accepted.

Step II - APPLICATION FEE

◆ The **NON-REFUNDABLE** fee must be a check or money order in U.S. currency made payable to IDFP.

Step III - COMPLETE THE APPLICATION CHECKLIST

◆ All applicants must complete the checklist & affidavit and return with the application.

Step IV - MAIL APPLICATION

◆ Mail the application, fee, application checklist and any supporting documents to the address below.

Illinois Department of Financial and Professional Regulation,
Attn: Division of Professional Regulation, Design/PSS4
P.O. Box 7007
Springfield, Illinois 62791

Step V - QUESTIONS

- ◆ Before contacting the Department; please review our FAQ's (<http://www.idfpr.illinois.gov/About/FAQ.asp>) for answers to most questions. If not addressed in our FAQ's, please contact the Department at **800.560.6420** or email us at FPR.DesignUnit@illinois.gov
- ◆ Please allow four business weeks from applying before making an inquiry concerning its status.

REQUIRED SUPPORTING DOCUMENTS

A. CT-ARC.

This is not required if you are submitting an NCARB Record. This document must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure. **If examinations were passed in different states, a certification from each jurisdiction is required.** If any portion of the examination was passed in Illinois, you must indicate this in Part IV of the application.

B. VE-ARC.

This is not required if you are submitting an NCARB Record. All experience after completion of the AXP must be documented on the Department form VE-ARC and must be supervised by a licensed architect.

C. AFFIDAVIT.

All applicants must complete the affidavit on page 5 attesting that he/she has read and understands the Illinois Architecture Practice Act of 1989 and the Administrative Rules.

You may review the Act and Rules here: <https://www.idfpr.illinois.gov/profs/Architect.asp>

PROFESSIONAL DESIGN FIRM REQUIREMENT

If your company plans to offer professional services in Illinois (Architecture, Professional Engineering, Structural Engineering, and/or Land Surveying) it must be registered as a Professional Design Firm (PDF) with this Department.

Offering services without a PDF registration is a violation of each four design profession Acts and subject to discipline by the Department.

Each office in Illinois that offers Architectural services must have a resident architect designated.

You may review the requirements here: <https://www.idfpr.illinois.gov/Renewals/apply/forms/f1419lt.pdf>

IMPORTANT INFORMATION ONCE LICENSED

- ◆ You will receive an email from the Department with a link to download your license.
- ◆ All Architect licenses expire on November 30th of even-numbered years, regardless of issuance date.
- ◆ It is your responsibility to update your contact information including email address with the Department to ensure that you receive all courtesy renewal email reminders and other notifications.
- ◆ We highly recommend that you review the Code Enforcement Manual as it will provide a sample of what your Illinois license seal/stamp should look like and other useful information regarding your profession.

You may access the manual here: https://www.idfpr.illinois.gov/forms/DPR/Design_Code_Manual.pdf

APPLICATION CHECKLIST

All applicants must complete this checklist and return with the completed application. Check only what applies to you.

ALL APPLICANTS TO REVIEW AND SUBMIT:

- A completed application.
- An application fee - check or money order (payable to IDFPFR) in U.S. currency.
- Completion of the required Affidavit below.

INITIAL LICENSE APPLICANTS TO REVIEW AND SUBMIT:

- You have requested an NCARB Council Record to be sent to the Department.

ENDORSEMENT LICENSE APPLICANTS TO REVIEW AND SUBMIT:

- You have requested an NCARB Council Certificate Record to be sent to the Department.

OR

- You have requested official transcripts from ALL colleges/universities attended to be sent to the Department. (or an **EESA-NCARB** Evaluation Report)
- You have requested your supervisor(s) to submit a Verification of Experience (**VE-ARC**) form for experience to be reviewed.
- An official certification from the jurisdiction where the ARE was passed to be sent to the Department.
- An official certification from the **original** state of licensure to be sent to the Department.
- An official certification from the from your **current** state of licensure to be sent to the Department.

FOREIGN EDUCATED APPLICANTS TO REVIEW AND CHECK:

- You have emailed your **TOEFL-IBT** examination results to the Department at FPR.DesignUnit@Illinois.gov (not applicable if your NCARB Record shows your BS coursework was taught in English or you have a post-graduate degree in Architecture from a U.S. University)

AFFIDAVIT

I, _____ have read the Illinois Architecture Practice Act of
Type or print name

1989 and the Administrative Rules and understand that if found in violation, it is a known violation.

Signature _____

Date _____

APPLICATION FOR LICENSURE AND/OR EXAMINATION

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit **PROOF OF LEGAL NAME change** - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application. Military Military Spouse Not Military Decline to Answer
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE \$
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C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

<input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
|---|--|

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE		2. TITLE (e.g., M.D., D.D.S., etc.)		3. UNITED STATES SOCIAL SECURITY NO.	
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY			ZIP CODE		COUNTY
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY			ZIP CODE		COUNTY
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)				7. MOTHER'S MAIDEN NAME	
8. PLACE OF BIRTH CITY STATE/COUNTRY		9. DATE OF BIRTH		10. AGE	
		____ / ____ / ____ Month Day Year		<input type="checkbox"/> Female <input type="checkbox"/> Male	
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED				12. REQUIRED E-MAIL ADDRESS	
Work: (____) _____ -- _____		Home: (____) _____ - _____			
(Area Code)		(Area Code)			
Fax: (____) _____ - _____		Fax: (____) _____ -- _____			
(Area Code)		(Area Code)			

NAME (Last, First, MI) :

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12

Graduated High School? Yes No

Received G.E.D.? Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

3. LAST PRELIMINARY SCHOOL LOCATION (City and State)

4. DATE OF GRADUATION
____/____/____
Month / Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8

Graduated? Yes No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training? <input type="checkbox"/> Yes <input type="checkbox"/> No
		FROM	TO	
		Month/Year	Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

SS#:

Profession:

NAME (Last, First, MI) :

SS#:

Profession:

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

PART VII: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) CHART III - Select the examination site you desire and enter Test Center Code:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c) CHART IV - Find your School of Graduation and enter school code:

<input type="text"/>

d) Record the number of times you have taken this exam in Illinois or any other state:

<input type="checkbox"/>	<input type="checkbox"/>
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PART VIII: Child Support and Tax Information *(Every applicant is required by law to respond to the following questions)*

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No

(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? Yes No

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

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. 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 applicant's 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 <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	B. TOTAL TIME EMPLOYED ____ Years ____ Months	C. DATES OF EMPLOYMENT (Use exact dates, not "present") From ____ / ____ / _____ To ____ / ____ / _____ Month Day Year
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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