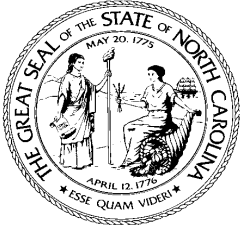


# The State of North Carolina



The North Carolina Board of Architecture  
127 W. Hargett Street Suite 304  
Raleigh, NC 27601  
Phone: 984-328-1161 Email: [ncba@ncbarch.org](mailto:ncba@ncbarch.org) [www.ncbarch.org](http://www.ncbarch.org)

Request for Continuing Education Exemption. Please print clearly.

Last name _____ First name _____ Middle (initial or name) _____		
NC License Number : _____		Date of Application: _____
Mailing Address:		
Street _____		Apartment Number _____
City _____	State _____	Zip _____
Daytime Phone Number: _____		
Email Address: _____		

## 21 NCAC 02 .0906 EXCEPTIONS

A registrant shall be exempt from the continuing education requirements for any of the following reasons:

- (1) New registrants by way of examination or reciprocity for the calendar year in which they become licensed;
- (2) A registrant serving on temporary active duty in the armed forces of the United States for a period of time exceeding 90 consecutive days in a year or as provided by statute, whichever is greater;
- (3) Registrants experiencing physical disability or illness if supporting documentation is approved by the Board. Such documentation shall be in the form of a statement by the registrant, a statement from a physician, or medical records which show that the disability or illness prevented registrant's participation in a course which the registrant had enrolled, or prevented registrant's participation in the continuing education program for at least 90 consecutive days in a year; and
- (4) Registrants who receive emeritus status from the Board. In order to return to active practice, registrants shall complete continuing education requirements for each exempted year not to exceed two years.

New registrants are automatically exempt and need not apply for exemption. Reason for exemption request:

\_\_\_\_ Military Service \_\_\_\_ Serious Illness/Physical Disability \_\_\_\_ Personal Hardship \_\_\_\_ other (explain)

To aid the Board in its decision you must attach supporting documentation including but not limited to: pertinent medical documents, a doctor's letter, military orders and/or a letter detailing how your situation prevented your from complying with the continuing education requirements.

I do hereby verify that all information included with this application is correct. I have read the contents thereof and to the best of my knowledge and belief, the forgoing statements are true and correct in every respect.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return form and documentation to the mailing or email address above.