



The North Carolina Board of Architecture
434 Fayetteville St.
Suite 2005
Raleigh, NC 27601
Phone: 984-328-1161 Email: ncba@ncbarch.org www.ncbarch.org

Application for License By Reciprocity Fee: \$150.00

Information and Instructions to all Individuals Applying for Licensure by Reciprocity

- Complete and return form to the North Carolina Board of Architecture with the application fee of \$150.00, check made payable to NC Board of Architecture.
- Rules and laws are available on the Board's website at www.ncbarch.org.
- The applicant is required to show proof of current licensure in at least one state. You may attach a wallet card or equivalent document demonstrating current licensure to the application.
- You are required to notify the Board of all contact information changes. **All correspondence from NCBA will be sent via email.**
- Upon approval of licensure, notification will be sent to your email address on this application.

The Board asks questions about an applicant's criminal, disciplinary and employment history to assist the Board in determining if the application should be granted, or if there is a valid basis for denying an application. In addition to the questions on the applications, the Board may conduct a formal criminal or disciplinary history check. Answering "yes" to any of these questions or having a conviction, disciplinary or adverse employment action is not automatically a basis for denial of licensure.

When an applicant has a criminal conviction, the Board will consider:

- (1) The level and seriousness of the crime;
- (2) The date of the crime;
- (3) The age of the person at the time of the crime;
- (4) The circumstances surrounding the commission of the crime, if known;
- (5) The nexus between the criminal conduct and the prospective duties of the applicant as a licensee;
- (6) The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed;
- (6a) The completion of, or active participation in, rehabilitative drug or alcohol treatment;
- (6b) A Certificate of Relief granted pursuant to North Carolina Gen. Stat. § 15A-173.2;
- (7) The subsequent commission of a crime by the applicant; and
- (8) Any affidavits or other written documents, including character references.

The Board may consider any similar aggravating or mitigating circumstances with respect to the applicant's disciplinary and employment history. If Board staff is unable to approve an application, the applicant has the right to request to have that application heard by the members of the Board. Any such request must be submitted in writing to the Board's Executive Director. The Board will conduct that hearing pursuant to the North Carolina Administrative Procedure Act and the Board's own hearing rules. As a result of the evidence presented at that hearing and considering the considerations outlined above, the Board may refuse to grant a license if it finds any of the grounds for doing so under North Carolina Gen. Stat. § 83A-15.

If the applicant is aggrieved by the Board's final decision, the applicant may seek review of the decision by filing a petition for judicial review in the Superior Court. The procedures for seeking judicial review can be found in Article 4 of the Administrative Procedure Act, North Carolina Gen. Stat. § 150B-43 et seq. There are specific timelines and procedures for these proceedings, and failure to follow them may lead to the Superior Court dismissing or denying a petition. Therefore, close and prompt attention to the Administrative Procedure Act is required.

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS.
DO NOT RETURN IT WITH YOUR APPLICATION**

Application for Licensure by Reciprocity Page One

Name (as preferred on license):
First _____
Middle _____
Last _____
Title _____ (Jr. Sr. etc.)
Social Security Number: _____
Mailing Address __Home __Firm (select preferred)

Firm Name _____

Street _____ Suite/Rm. _____

City _____ State _____ Zip _____
All correspondence from NCBA will be via email. Please print your email address clearly.
Email Address: _____
Phone Number: _____
Firm/Business Phone Number: _____
Alternate Phone Number : _____
Date of Birth: _____ Place of Birth: _____
NCARB Certificate Number: _____

Certification

IMPORTANT - If you have NOT offered or rendered architectural services in the State of North Carolina please certify below.
I _____ certify that I have NOT offered or rendered architectural services in the
(Full Name, typed or printed.)
State of North Carolina .
If you have offered and rendered architectural services in the State of North Carolina . Include a statement as to the current status
of the project, project location and owner name.

Certification, continued.

_____ I hereby apply for Licensure by Reciprocity. My NCARB Certificate is current and in good standing. I understand that revocation of the NCARB certificate by NCARB shall automatically terminate my license to practice in North Carolina until such time as the certificate is reinstated by NCARB.

_____ I hereby certify that I have read the laws and rules governing the practice of architecture in North Carolina and that I shall not violate the laws or any rules or standard of conduct published by the North Carolina Board of Architecture.

_____ I have never had a credential or license denied, limited, reprimanded, suspended, disciplined in any manner or revoked.

_____ I have never been convicted of a felony or misdemeanor under any laws.

_____ There are no criminal charges pending against me.

_____ I have not been found guilty of misconduct, unprofessional conduct, dishonest or fraudulent practice, or incompetent practice by any court, board, agency, college, university or professional organization.

_____ There are no charges pending against me before any court, board, agency, or professional organization for unprofessional conduct, dishonest or fraudulent practice or incompetent practice.

_____ I certify that I have read and understand the Public Notice Statement required by NCGS § 143-764(a)(5). The Public Notice Statement is found at <http://www.ic.nc.gov/121317ECSPublicNotice.pdf>

_____ I certify that I have not been investigated for employee misclassification per NCGS 143-764(a)(5). Questions regarding employee misclassification should be directed to NC Industrial Commission at 919-807-2582

If an answer to questions above is YES, please give full details on a separate sheet of paper attached to the application and, if applicable, attach a copy of the final order. The undersigned, deposes and says that he/she is the person making the forgoing statements and that they are in good faith and are true in every respect.

Signature of Applicant

Date

Printed Name