



The North Carolina Board of Architecture and Registered Interior Designers
434 Fayetteville Street Suite 2005
Raleigh, NC 27601
ncba@ncbarch.org
984-328-1161

Continuing Education Exemption Request

First _____

Middle _____

Last _____

Title _____ (Jr. Sr. etc.) _____

Select one:

___ Architect License Number _____

___ Registered Interior Designer Registration Number _____

Mailing Address This is a ___Home ___Firm (if firm, include firm name)

Daytime Phone Number: _____

Alternate / Mobile Phone Number: _____

Email: _____

Most correspondence from the Board is sent via email. Please print your email address clearly.

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. Refer to rule 21 NCAC 02 .0906.

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