MEMORANDUM

TO: All Architectural Candidates

FROM: Jean Williams, Executive Director
Oklahoma Board of Architecture

RE: Licensing and Testing Application Process with alternative standards

You must fill out the entire application, submit a request for your university transcript to be sent to the Board and have all of your training/work experience verified. There is an application fee in the amount of $50.00 for evaluating your file. **Make your check payable to the Oklahoma Board of Architects** and submit it, along with your Oklahoma application to us.

As you know, we have implemented the Computerized Architectural Registration Examination. This process allows you to schedule your testing six days per week at your convenience. Each division is offered to you twice per year in six- month spans. You may begin testing once the Board approves your application. The testing time is delayed some due to entering your information through Prometric and back to the Sylvan Learning Centers, where you actually test. Several weeks' delay is normal. This office submits the needed information to them on your behalf to ensure you are in their systems as quickly and smoothly as possible.

Prometric will send you a pre-examination packet containing information about each section of the exams. They will also send you examination tutorial information and a letter stating you have been authorized to test and may schedule your testing, along with your candidate identification number. You must call the Sylvan Learning Center to schedule your actual testing.

If you have any questions, please contact this office.

The State of Oklahoma

THE BOARD OF GOVERNORS OF THE LICENSED ARCHITECTS, LANDSCAPE ARCHITECTS AND REGISTERED INTERIOR DESIGNERS OF OKLAHOMA

PO Box 53430
Oklahoma City, OK 73152
(405) 949-2383

Alternate Standards

Application for Candidate Architect Registration

Email address Social Security Number - - .

Name in Full Date

Business Address	Firm Name Street City Telephone	State	Zip
Residence Address	Street City Telephone	State	Zip

Address for Correspondence ☐ Residence ☐ Business

Citizenship ☐ US ☐ Foreign Country of _____

Birth Date Birth Place

I hereby apply for registration and license to practice architecture by the following method:

☐ By Examination with Alternate standards

Duration of residency in State Years Months

Have you ever been convicted of a felony? ☐ Yes ☐ No
If yes, give details. (Attach a separate sheet if necessary)

Have you ever been registered in Oklahoma? ☐ Yes ☐ No
If yes, my registration number was:

The State of Oklahoma

Name in Full

A. Educational Background

Preparatory Schools, High Schools	Dates of Attendance		Grades Completed
	From	To	

Colleges, Universities, Technical Schools *Attach Original Transcript*	Dates of Attendance		Degrees
	From	To	

Travel, Continuing Education, Research, Publications

B. Architect References

Name three architects who are personally acquainted with your professional abilities. Give complete addresses.

DO NOT list present employers, fellow employees, present partners or relatives.

Name/Address

Name/Address

Name/Address

The State of Oklahoma

Name in Full

C. Practical Experience

Full name and complete current address of employer (Begin with first employer and include military and others) (Please list part-time & full-time separately)	Dates of Employment Give Month, Day and Year	Total Time Employed: Part Time *	Total Time Employed: Full Time	Check Appropriate Experiences: General practice of architecture	Teaching and research	Public service	Other – Explain **
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				

*If part-time work is noted, state average number of hours per week. ** If "other" kinds of work are noted, describe.

Name in Full

D. Affidavit and Notarization

I swear that neither I nor a firm, association, corporation or partnership, which I am affiliated with, have performed or contracted to perform architectural services of any kind prior to the Board of Governors of the Licensed Architects, Landscape Architects and Registered Interior Designers of Oklahoma issuing a license to practice architecture within the state of Oklahoma and where applicable, a certificate of authority to the firm, association, corporation or partnership. The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.

Signature of applicant

In the event you can not truthfully sign the statement above, attach an explanation and describe the services performed in detail.

State of:

County of:

I, _____
a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that

_____
Personally know to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL

THIS DAY OF , 20

NOTARY PUBLIC

MY COMMISSION EXPIRES

NOTARIAL SEAL

Affix Photo Here
Bust Only
Approximately 2 1/8 X 2 ¾"

Board of Governors of the Licensed Architects, Landscape Architects and Interior Designers

P.O. Box 53430, OKC, OK 73152

Name _____ Date _____

Applicant's Current Address _____

Is/Was Employed with the Firm of _____

Address of Firm _____

Which Rendered those Services Indicated by an "X"
- ☐ Architecture
- ☐ Engineering
- ☐ Landscape Architecture
- ☐ Planning
- ☐ Construction
- ☐ Other (Explain on Separate Sheet)
- ☐ Furnishing Equipment or Fixtures
- ☐ Construction Management

Position of Supervisor
- ☐ Registered Architect
- ☐ Landscape Architect
- ☐ Registered Engineer or Planner
- ☐ Other

If Other, Please Explain

Dates of Employment						Length of Time			Check Appropriate Experiences in Hours												
									In the Position Of		General Practice of Architecture										
From			To			Full Time ✓	Part Time (Less then 35 Hrs/Wk) ✓	Hrs/Wk	Employee	Other (Explain)	Programming-Client Contact	Site & Environ.	Schematic Design	Cost Estimating	Code Research	Design Development	Documents Checking	Bidding & Contract	Contr. Phase-Office	Constr. Phase-Observation	Office Procedures
Day	Month	Year	Day	Month	Year																

Applicant's Authorization and Release – This release must be signed before sending this form to Employer.

I hereby authorize the Board of Architects, Landscape Architects and Interior Designers of Oklahoma to make inquiries of the person listed as a reference on this form with respect to my background and character. I invite full and complete response to all inquiries. Irelease the reference from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board of Governors of the Licensed Architects, Landscape Architects and Interior Designers of Oklahoma by the reference.

Signed _____ Date _____

Applicant Complete Above this Line

The above person has made application to this Board for a license to practice architecture in the State of Oklahoma. He/she has given your name as a reference and as one who knows his/her work, ability, reputation and personal character.

We request your assistance in completing this form, with sincere and conscientious consideration of the need for objective appraisal of the applicant's ability and his/her potential to practice architecture.

A. The dates of Employment as shown above are correct. Yes ☐ No ☐ If no, please clarify

B. The applicant worked under the direct supervision of individuals indicated. Yes ☐ No ☐ If no, please clarify

C. The experiences checked by the applicant for the dates of employment shown are correct. Yes ☐ No ☐ If no, please clarify

D. Please indicate, to the best of your knowledge, the applicant's ability in the experiences indicated above by placing an "X" in the appropriate spaces below. If "Unsatisfactory" box is checked please submit a letter of explanation with this form.

Engineer or Planner	Excellent	Satisfactory	Marginal	Unsatisfactory	Not Qualified to Answer
Technical Competence					
Professional Integrity					

(Person supplying information above, please complete the following relative to yourself. Please type.)

Name of Person Completing this half form _____

Jurisdiction(s)/Dates(s) of Registration(s) and Type of Registration _____

Position in above firm _____

Name of Current Firm _____ Position in Current Firm _____

Signature _____ Date _____