

**The Board of Governors of the Licensed Architects,
Landscape Architects and Interior Designers of Oklahoma
P. O. Box 53430
Oklahoma City, OK 73152
(405) 949-2383**

MEMORANDUM

TO: ALL RECIPROCAL LICENSE APPLICANTS-Architecture

FROM: JEAN WILLIAMS, EXECUTIVE DIRECTOR

RE: OFF LINE RECIPROCAL APPLICATION PROCESS AND REQUIREMENTS

Enclosed is an application for individual licensing. Please attach a 2" x 3" black and white photograph (passport quality) to the application and return two checks to us (in certified funds) in the amounts of \$100.00 (for the application) and \$200.00 (for the license fee). **Make checks payable to: Oklahoma Board of Architects.** If you wish to apply through NCARB: complete only pages 1 and 4 of the Oklahoma application, the Act & Rules Exam and follow NCARB's instructions. **When contacting NCARB make sure that they check your file, as it must contain current license information for either your initial state of licensure or your state of residence.** If you wish to apply by direct reciprocity through your base state registration or your state of residence, complete the entire application. Please make sure that the following information is forwarded DIRECTLY to us:

Transcript indicating professional degree in architecture. This must be sent directly from the University to our Board office. Copies " issued to student" will not be accepted unless it is in a sealed envelope from the institution.

Training References (application-page 5) (also see section 55:10-5-7); Please fill out the enclosed work verification form(s) and forward them to your employer(s), they in turn must submit them directly to this office. You may make additional copies as needed. This information may be available from your state board file, in which case you must contact your board and have them forward this information directly to our office.

Completed Certification Form including grades must be submitted. This information must include confirmation of a current license with an expiration date, examination grades and date passed, whether or not any grades were modified, and that derogatory remarks are or are not in your file. If your file contains derogatory remarks, please authorize your state to send this information to us directly.

ADDITIONALLY, YOU WILL BE REQUIRED TO TAKE AND PASS AN EXAMINATION ON THE STATE ARCHITECTURAL ACT AND RULES, WHICH IS BEING SENT TO YOU AS AN OPEN BOOK TEST PRIOR TO YOUR LICENSE BEING ISSUED. *A copy of the Act and Rules can be found at our website: <http://www.ok.gov/architects>*

Your application will be processed as soon as all documents are received. Normal approval time is approximately two (2) weeks once all completed material/information is received. All questions should be directed to the Board office at the above address and telephone number.

All licenses will expire June 30, 2007 unless renewed.

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

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

application for architect registration

Email address		Social Security Number		-	-	.
Name in Full			Date			
Business Address	Firm Name					
	Street					
	City		State	Zip		
	Telephone					
Residence Address	Street					
	City		State	Zip		
	Telephone					
	Address for Correspondence <input type="checkbox"/> Residence <input type="checkbox"/> Business					
Citizenship <input type="checkbox"/> US <input type="checkbox"/> Foreign Country of _____						
Birth Date			Birth Place			
<i>I hereby apply for registration and license to practice architecture by the following method:</i>						
<input type="checkbox"/> Directly through base state		Duration of residency in State		Years	Months	
<input type="checkbox"/> By reciprocal Registration through NCARB Certificate		NCARB Cert. No.		State of Regis:	No:	
Have you ever been convicted of a felony?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, give details. (Attach a separate sheet if necessary)						
Have you ever been registered in Oklahoma?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, my registration number was:						

The State of Oklahoma

Name in Full

Preparatory Schools, High Schools	Dates of Attendance		Grades Completed
	From	To	
Colleges, Universities, Technical Schools <i>Attach Original Transcript</i>	Dates of Attendance		Degrees
	From	To	

A. Educational Background

Travel, Continuing Education, Research, Publications

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

B. Architect References

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		Check Appropriate Experiences			
		Part Time *	Full Time	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.

The State of Oklahoma

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 and Landscape Architects 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

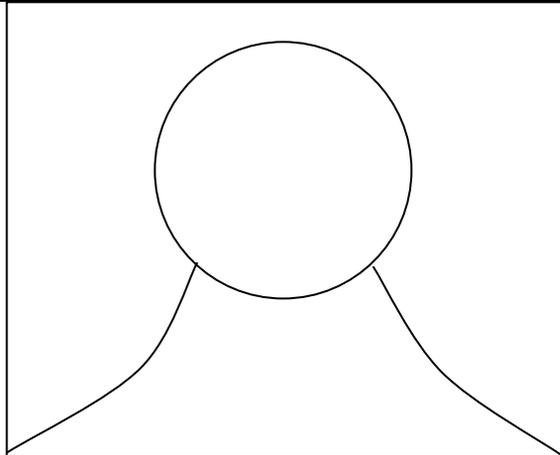
_____ Personally know to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

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 3/4"

Board of Governor of The Licensed Architects and Landscape Architects of Oklahoma

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"

<input type="checkbox"/> Architecture	<input type="checkbox"/> Planning	<input type="checkbox"/> Furnishing Equipment or Fixtures
<input type="checkbox"/> Engineering	<input type="checkbox"/> Construction	<input type="checkbox"/> Construction Management
<input type="checkbox"/> Landscape Architecture	<input type="checkbox"/> Other (Explain on Separate Sheet)	

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																
						Full Time ✓	Part Time (Less than 35 Hrs/Wk) ✓	Hrs/Wk	In the Position Of		General Practice of Landscape Architecture														
									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				
From	To		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 Governors of the Licensed Architects and Landscape Architects 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. I release 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 and Landscape Architects 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 landscape architecture in the State of Oklahoma. He has given your name as a reference and as one who knows his 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 potential to practice landscape 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.

		Excellent	Satisfactory	Marginal	Unsatisfactory	Not Qualified to Answer
		Engineer or Planner	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 of Registration(s) and Type of Registration _____

Position in above firm _____

Name of Current Firm _____

Position in Current Firm _____

Signature _____ Date _____

OKLAHOMA STATE LAW AND RULES EXAMINATION

This is an open book examination of the Oklahoma State Architectural Act and the corresponding Rules. Please mark (T) for true or (F) for false on the provided lines. Seventy-five (75%) percent of the answers must be correct for a passing score.

True or False

- _____ 1. Continuing education reinstatement penalty is \$500.00 per year of noncompliance.
- _____ 2. If the Registrant exceeds the continuing education requirements in any renewal period, the Registrant may not carry any CEU's forward into the subsequent renewal period.
- _____ 3. Contact hour as used in continuing education requirements means not less than 60 minutes.
- _____ 4. The Board will not pre-approve CEU courses prior to the audits.
- _____ 5. It is the responsibility of the CEU presenter to submit certificates of participations to the Board for CEU credit.
- _____ 6. Beginning with applications for renewal of licenses which expire on June 30, 2001, each Registrant shall have completed 24 CEU's of acceptable continuing education requirements during the two-year period immediately preceding the biennial renewal date as a condition for license renewal.
- _____ 7. Teaching of instructing a qualified presentation approved by the Board shall constitute two CEUs for each hour spent in the classroom.
- _____ 8. Unlicensed persons cannot hold ownership in architectural or landscape architectural firms or corporations in the State of Oklahoma.
- _____ 9. An applicant for initial registration as an architect in Oklahoma shall be a person of good moral character and not less than 21 years of age.
- _____ 10. In Oklahoma, no license or renewal shall be issued or renewed for longer than two (2) years.
- _____ 11. Responsible control means that you are employed by an architect in good standing with this Board to practice architecture.
- _____ 12. Any AIA or ASLA continuing education courses will be automatically accepted by the Board, no matter what the subject matter.
- _____ 13. Diversified landscape architectural experience under responsible control of a licensed architect or engineer counts 50% credit toward training experience.

- _____ 14. An unlicensed person cannot use the title Architect or Landscape Architect or advertise any title or description tending to convey the impression that the person is a licensed Architect or Landscape Architect in the State of Oklahoma unless they are duly licensed.
- _____ 15. Emeritus readmission to active practice without re-examination must occur within five years of acquiring emeritus status.
- _____ 16. "Assembly Hall" means included, but not limited to, all buildings or portions of buildings used for gathering together 20 or more persons for such purposes as deliberation, worship, entertainment, amusement, or awaiting transportation.
- _____ 17. The seal of a licensed Architect shall contain his/her name, Oklahoma registration number, city, state and the words, "Licensed Architect, State of Oklahoma." The handwritten date that accompanies the signature signifies the date that the documents were signed.
- _____ 18. All registered Architects and landscape Architects are required by law to report violations of the Oklahoma State Architectural Act or its Rules.
- _____ 19. Each separate violation of the Act, rule, regulation or order issued by the Board, may constitute a separate offense for which a civil penalty may be assessed.
- _____ 20. No retakes of unpassed sections of the exams will be permitted after July 1, 2002.
- _____ 21. The Oklahoma Board is bound to be totally compliant to the documents adopted by CLARB and NCARB as long as they accept their reciprocity.
- _____ 22. All State of Oklahoma buildings are exempt from the State Architectural Act.
- _____ 23. Roofing projects for schools for \$50,000-\$100,000 are exempt from the State Architectural Act.
- _____ 24. Seals, signatures and dates are not required on CAD generated drawings.
- _____ 25. The Board may only assess penalties on Architects and Landscape Architects licensed in the State of Oklahoma.
- _____ 26. An Architect licensed in another state may use their seal in Oklahoma as long as they are NCARB certified.
- _____ 27. Entities shall notify the Board office within 90 days of any and all changes that affect the Certificate of Authority.
- _____ 28. Loss of NCARB and CLARB certifications for reciprocal licensees is grounds for violations and penalties.
- _____ 29. Conviction of a felony must be directly tied to the State Architectural Act in order to affect your licensure status.
- _____ 30. Aiding and/or abetting unlicensed practice of architecture or landscape architecture are grounds for violations and penalties only after construction on the project has started.

_____ 31. A Board member shall not discuss with any person, any facts or circumstances concerning any investigation or formal complaint prior to holding a formal hearing, except in a Board meeting or with the Board's attorney.

_____ 32. All disciplinary actions where the Registrant or entity has been convicted, pled guilty or nolo contendere to a violation of the Act or Rules, shall be publicized to the public and profession with their name, license or certificate of authority number and the city and state on the Board's records.

_____ 33. It is illegal to copy any documents or programs from the employer's files without expressed written consent by the employer.

_____ 34. Churches and non-profit organizations are exempt from the State Architectural Act.

_____ 35. An Architect or Landscape Architect registrant may not participate in political campaigns.

_____ 36. Emeritus persons may be readmitted to the active practice of their respective professions without reexamination upon proper application with seven years of acquiring emeritus status.

_____ 37. The Oklahoma rules for licensure and practice direct registrants to comply with the rules and regulations in any jurisdictions in which they are registered.

_____ 38. All Board members are compensated for their time and service on the Board.

_____ 39. Either the cover sheet or the index page of specifications must bear the registrant's seal, signature, and the date.

_____ 40. The Architect, landscape Architect or entity contracting to provide services shall disclose whether or not they carry liability insurance or are bonded.

_____ 41. The use of names of deceased partners in a firm name is not permitted.

_____ 42. The Oklahoma Board will review any section of a test for a \$100.00 fee.

_____ 43. The Board may not consider past disciplinary action taken against a registrant in any subsequent proceeding.

_____ 44. An Architect, Landscape Architect, or entity shall retain a copy of all technical submissions produced for a minimum of 15 years following the date of preparation.

_____ 45. If submissions are retained by electronic means, they shall be updated into current versions so they are accessible at all times and can be printed out in a legible format.

_____ 46. A quorum of the Board of Architects and Landscape Architects shall consist of five Board members but official action may not be taken upon any questions unless four members vote in accord.

_____ 47. The Board retains passing examination scores as a permanent record. Less than passing scores are retained for only six years from the first sitting for the exam.

_____ 48. Licensure as a Landscape Architect in Oklahoma occurs after the successful completion of two examinations: The CLARB exam and an exam on the Act and Rules.

_____ 49. A Registrant, whose license was suspended or revoked for cause, may not apply for reinstatement for at least six months.

_____ 50. The Board Chairman determines whether there is probable cause to investigate potential violations of the State Architectural Act.

Please check each license that you hold:

_____ Architect

_____ Landscape Architect

Social Security Number _____

Please print your name _____