

Foreign Architect Path to NCARB Certification Credential Verification Form

The National Council of Architectural Registration Boards (NCARB) requires completion of this form in **English** to verify the applicant's current registration/licensure credential to practice architecture outside the United States and Canada. *Incomplete forms and/or forms submitted by applicants will not be accepted.*

Applicant

Please complete Part **A**. Then, ask the credentialing authority to complete Part **B** and to submit the completed form directly to NCARB.

A

Name: (Last, First) _____ NCARB Record No. _____

Country in which credentialed: _____ Today's Date (MM/DD/YYYY): _____

Credentialing Authority

Please complete Part **B** to verify the applicant's registration status and submit the completed form directly to NCARB.

1. Name of the profession in which the applicant is credentialed: _____
2. Credential number, if any: _____
3. Country/geographic area where credential is valid: _____
4. Does the applicant's credential legally allow the applicant to provide unlimited architectural services? YES NO
If no, briefly describe limitation:

B

5. Does the applicant's credential have a classification or rank? YES NO
If yes, briefly describe classification or rank:

6. Credential issue date (MM/DD/YYYY): _____
7. Credential expiration date (MM/DD/YYYY): _____ There is no credential expiration date
8. Renewal fee expiration date (MM/DD/YYYY): _____ There is no renewal fee or date
9. Current credential status: Active and in good standing Inactive Lapsed
 Revoked Other _____

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10. Is there a system in place for documentation of disciplinary actions? YES NO

11. If yes, is there record of any disciplinary action against the applicant's credential? YES NO

12. If yes, please explain the record of disciplinary action and current status:

13. Name, title, and email address of the person at the credentialing authority who completed Part B of this form as well as the credentialing authority's name and website address:

Name: (Last, First) _____

Title: _____ Email: _____

Name of organization: _____

Website: _____ Date (MM/DD/YYYY): _____

B

Credentialing Authority: When you have completed this form, please submit it to:

National Council of Architectural Registration Boards

1401 H Street NW, Suite 500
Washington, DC 20005 USA

Or email to:

foreignarchitect@ncarb.org