



# Ohio Architects Board

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77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio  
43215-6108

Phone (614) 466-2316  
Fax (614) 644-9048  
[www.arc.ohio.gov](http://www.arc.ohio.gov)

## Instructions for Application for Registration by Examination and Use of Title (ARC 006)

- Applicants with a professional degree in architecture may sit for the Architect Registration Exam (ARE) prior to completing the Intern Development Program (IDP).
- Approved exam candidates are authorized to use the job titles “Intern Architect” and “Architectural Intern”. The use of any other job title containing the word “Architect” or any of its derivatives is strictly prohibited.
- Application (ARC006) must be notarized. Incomplete applications will be returned. Keep a copy of the application for your files.
- Include check or money order in the amount of \$50.00, payable to “**Treasurer, State of Ohio**” and mail to Architects Board, 77 S. High St., 16<sup>th</sup> Fl, Columbus, OH 43215-6108.
- Have an official copy of your transcript sent directly from your university to the Board.
- Request transmittal of your NCARB IDP Record or ARE Eligibility to the Board.
- Include a recent wallet size photo (color or black and white). Digital photos are accepted.
- Complete applications are approved in two to three business days.
- If you do not receive the “Authorization to Test” form from Prometric within two to three weeks after approval of the application, call 800-896-2272.
- The license to practice architecture in the state of Ohio will be issued automatically when IDP has been completed and all sections of the ARE have been passed.

**For questions or assistance, contact:**  
**Stephanie Happ**  
Phone: (614) 466-2316  
Email: [stephanie.happ@arla.state.oh.us](mailto:stephanie.happ@arla.state.oh.us)  
Fax: (614) 644-9048

### **FIRM REGISTRATION REQUIRED**

Ohio Revised Code § 4703.18 (H) and (L) requires all firms, partnerships, associations, limited liability companies and corporations to obtain a firm Certificate of Authorization **prior** to providing architectural services in Ohio. See “Firm Registration” at <http://www.arc.ohio.gov/FirmRegistration.aspx> for further information. In addition, all firms must first register to do business in the state of Ohio with the Ohio Secretary of State at <http://www.sos.state.oh.us/sos/businessservices/corp.aspx>.



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## Application for Registration By Examination and Use of Title (ARC 006)

### 1. PERSONAL

Name		Email (required)	
Social Security No. (required)		Birth Date (month/day/year)	
Maiden Name			
<b>Send all correspondence to:</b> Home        Firm		Firm Name	
Residence address (required)		Firm Street Address	
City, State, Zip + 4	County (if Ohio)	City, State, Zip + 4	County (if Ohio)
Cell Phone		Work Phone	Work Fax

### 2. ANSWER THESE QUESTIONS: If "Yes" to either question number four or five, submit a statement of facts for each on a separate sheet of paper.

- Yes No** Have you read Chapter 4703 of both the Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC)? Obtain online [www.arc.ohio.gov](http://www.arc.ohio.gov). Download and print a copy for your records.
- Yes No** Have you ever taken any sections of the architectural registration examination before? If yes, through what state? \_\_\_\_\_ When (mo/yr)? \_\_\_\_\_
- Yes No** Are you aware of the requirements for firm registration set forth in ORC 4703.18 (H-L)?
- Yes No** Have you been convicted of any crime (other than a misdemeanor)?
- Yes No** Are you registered with the State Civil Child Sexual Abuse Registry under ORC 4799.01?

**NAME AS IT SHOULD APPEAR ON THE CERTIFICATE:** \_\_\_\_\_

<b>Applicant please complete this section</b>	NCARB Council Record #	IDP Enrollment Date
College/University	Degree/date obtained	

<b>Board Use Only</b>	Date Received	Check #	Council Record Received
Accelerator	E-License	IDP Completed	ARE Completed
Director Approved	Board Approved	Date Licensed	Cert Mailed



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## A F F I D A V I T

The undersigned, being duly sworn, deposes and says that he/she is the person who executed this application, that the statements contained herein are true, that he/she has not suppressed any information that might affect this application and that he/she has read and understands this affidavit.

Signature \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

in the County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Notary Seal

My commission expires \_\_\_\_\_