

# REQUIREMENTS FOR LICENSURE - ARCHITECT

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

## REQUIREMENTS

1. Possess the proper education and/or experience as contained below; and
2. Pass the NCARB's A.R.E.

## PATHWAYS

There are two basic pathways to licensure:

1. If you are currently licensed in another state, you will be seeking licensure via endorsement.
  2. If you are **NOT** licensed in any other state, you will be seeking licensure via AXP/exam.
- On page 1 of the application form, please indicate which pathway (1 or 2) for licensure you are taking.

**NOTE:** If you passed any examination but are not licensed in any other state, have your exam results sent to the Hawaii Board directly from the other state board you passed exam for.

## MINIMUM EDUCATION & EXPERIENCE

The amount of experience required is dependent on the level of education you have and the pathway applicable to you:

| EDUCATION LEVEL  | LAWFUL EXPERIENCE |                                       |
|--|-------------------|---------------------------------------|
|  | [via endorsement] | [via AXP/exam]                        |
| 1 - Bachelor's, master's or higher degree in architecture from a school or college approved by the Board; OR                                 | 3 years           | AXP                                   |
| 2 - Graduate of a 4-year architectural, pre-architectural or arts and science curriculum from a school or college approved by the Board; OR  | 5 years           | 5 years, including completion of AXP  |
| 3 - Graduate of a 2-year architectural technology curriculum from a community college or technical training school approved by the Board; OR | 8 years           | 8 years, including completion of AXP  |
| 4 - No Degree  | 11 years          | 11 years, including completion of AXP |

On page 1 of the application form, please indicate which level of education (1 to 4) you have.

## FOREIGN EDUCATION

In addition to the foregoing, graduates of foreign colleges must have their foreign architectural degree evaluated **if** they wish to have their degree(s) considered. (See below)

Applicants shall be required to have an Education Evaluation Services for Architects ("EESA") evaluation through The National Council of Architectural Registration Boards ("NCARB") by opening a My NCARB account.

To open a My NCARB account, please go to the NCARB website at: [www.ncarb.org](http://www.ncarb.org).

(CONTINUED ON PAGE 2)

## VERIFICATION OF EDUCATION AND EXPERIENCE

Applicants are required to document their education and experience. You will need to document your experience in the record portion of the application. However, your level of education and pathway for licensure will dictate the type of additional verification you will need to submit. Refer to the listing below for ways to provide evidence of your experience:

1. NCARB Records may be submitted in lieu of #2, #3 and #4 below (for licensure via endorsement).
2. Completion of Architectural Experience Program (for licensure via AXP/exam): Please notify NCARB to provide this information.
3. Supervised experience: You must have form EAS-13 "Verification of Supervision" completed by your supervisor(s). If your supervisor is no longer available, contact your original state of licensure and have them submit copies of documentation on your experience directly to the Board.
4. Experience in responsible charge (for licensure via endorsement): You must have form EAS-11(c) completed by a person other than the applicant. Please note that experience in responsible charge will require twice the amount of the required lawful experience. (For example: Every two (2) years of experience in responsible charge will be credited for one (1) year of the required lawful experience.)

## EXAMINATION/LICENSE

### Applicants for licensure via endorsement:

Verification of your exam scores and **CURRENT** license(s) must be accomplished. Send the "Verification of Exam/License" form S-1 to the state in which you were **ORIGINALLY LICENSED BY EXAMINATION** with the appropriate service fee, if any. Contact your state licensing agency for any charge. If more than one form is needed, in cases where the exams were taken in more than one state or you are licensed in more than one state, please duplicate. Completion of this form will also serve to verify your out-of-state license. Alternatively, request NCARB to submit your NCARB Records.

### Applicants for licensure via exam:

If you have received an architectural degree from a program accredited by NAAB and are enrolled in IDP, **do NOT file an application with the Hawaii Board at this time**. Please register directly with NCARB to take the A.R.E. Upon successful completion of all divisions of the A.R.E., you will need to submit the application and request NCARB to transmit your records directly to us.

If you are not a graduate of a program accredited by NAAB, you will need to submit the application to the Hawaii Board along with documentation of your education, completion of AXP, and verification of your experience.

Upon approval of your application, we will inform NCARB of your eligibility to take the A.R.E. NCARB will then send you information on the examination process, which will include establishing a Council Record.

For your information:

|  |                     |
|--|---------------------|
| NCARB  |                     |
| 1801 K Street, NW, Suite 700K                    |                     |
| Washington, D.C. 20006                           | Phone: 202-879-0520 |
| <a href="http://www.ncarb.org">www.ncarb.org</a> | Fax: 202-783-0290   |

NOTE: If you passed any examination(s) but are not licensed in any other state, request your exam results be sent directly to the Hawaii Board.

## SUBMITTALS

### For NCARB certificate holders:

1. Complete application, sign and date, then request NCARB to transmit your NCARB Council Record; **AND**
2. **Non-refundable application fee of \$150 - via Endorsement made payable to: Commerce & Consumer Affairs.** (check must be in U.S. dollars and be from a U.S. financial institution.)

### For those who are not NCARB certificate holders:

1. Complete the entire application; provide details of your experience in the "Experience Record" portion (keep in mind that "supervisor" refers to a licensed architect other than yourself).
2. Provide a copy of all pertinent diplomas or official transcript(s) from an approved school or college.
3. Depending on your pathway, the Board will be awaiting submission of one or more of the following:
  - a. Documentation of your completion of AXP from NCARB.
  - b. "Verification of Supervision" form completed by your supervisor(s) who is a licensed architect.

(CONTINUED ON PAGE 3)

- c. "Verification of Exam/License" form from another state board.
- d. "Experience in Responsible Charge" form from a licensed architect.
- 4. EESA evaluation report if you are a graduate of a foreign college.
- 5. **Non-refundable application fee of \$150 - via Endorsement, \$100 - via Examination made payable to: Commerce & Consumer Affairs.** (check must be in U.S. dollars and be from a U.S. financial institution).

## INFORMATION & INSTRUCTIONS - ARCHITECT

Complete the on-line fillable application form or download and print legibly in black ink. Answer all questions and sign and date the application form. **Applications that lack supporting documents required for exam or licensure will not be considered.** It is the applicant's responsibility to ensure that all documents are received timely.

## REQUIREMENTS

Please read the requirements section carefully. Should you have a question or concern regarding the requirements, contact the Licensing Branch Manager at (808) 586-3000.

Individuals from the neighbor islands can call the toll free access numbers:

Kauai: 274-3141 ext. 6-3000  
Hawaii: 974-4000 ext. 6-3000  
Lanai: 1-800-468-4644 ext. 6-3000

Maui: 984-2400 ext. 6-3000  
Molokai: 1-800-468-4644 ext. 6-3000

Information can also be obtained from the Professional & Vocational Licensing Division's website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

## SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency.

### FEDERAL LAWS:

**42 U.S.C.A. §666(a)(13)** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and if you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

### HAWAII REVISED STATUTES ("HRS"):

**§576D-13(j), HRS**, requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4), HRS**, which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

## FEES

**Non-refundable application fee of \$150 - via Endorsement, \$100 - via Examination made payable to: Commerce & Consumer Affairs.** (check must be in U.S. dollars and be from a U.S. financial institution).

**NOTE:** One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

(CONTINUED ON PAGE 4)

## RETURN OF REQUIRED ITEMS

Mailing Address:

Board of EASLA  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

Office Location:

OR

335 Merchant Street, Room 301  
Honolulu, HI 96813

Phone: (808) 586-3000

## RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

## RESPONSE

You will receive a deficiency notice or an approval notice upon receipt of all required documents and review of your application.

If for any reason you are denied the registration or license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that issues your registration or license and must be received within 60 days of the date that your application for registration or license has been denied.

## ABANDONMENT

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes, but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved or last date of attempt, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

## LAWS & RULES PUBLICATIONS

You must certify to reading, understanding, and agreeing to comply with the Hawaii Revised Statutes and Hawaii Administrative Rules governing this license area. Please see below for the chapter numbers of the applicable Hawaii Revised Statutes and Hawaii Administrative Rules. To obtain a copy of the statutes and rules, send a written request to: Board of EASLA, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801. In addition, you may download the statutes and rules from the following website: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Engineer, Architect, Surveyor, Landscape Architect".

For Architects, you should be familiar with Chapter 464, HRS, Chapter 115, HAR, and Chapter 436B, HRS, the Professional and Vocational Licensing Act.

## LICENSURE & RENEWAL

After all requirements are fulfilled, license fees will be due. Notification of amounts will be sent to you at the appropriate time.

For Architects, all licenses (**regardless of issuance date**) will expire on **April 30 of each EVEN-NUMBERED year** and are subject to renewal by the license expiration date. Renewals received after the license expiration date are subject to late renewal fees and may be restored within 2 years. After 2 years, a new application for licensure is required.

(CONTINUED ON PAGE 5)

## CONTINUING EDUCATION

To renew a license, architects are required to complete continuing education ("CE") credit hours during the biennium period. An architect initially licensed in the first year of the biennium shall complete 8 CE credit hours. An architect initially licensed in the second year of the biennium shall not be required to complete any CE credit hours. All others shall be required to complete **16** CE credit hours. All CE courses shall be relevant to public protection subjects, as approved by the Board.

## CHANGE OF ADDRESS

Whenever you have a change of address, you are required to report it to the department in writing, within 30 days, so that your records can be updated.

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

# APPLICATION FOR LICENSURE - ARCHITECT

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

State of Hawaii  
Board of Engineers, Architects,  
Land Surveyors & Landscape Architects

|  |  |                      |  |                                      |                |                   |  |
|--|--|----------------------|--|--------------------------------------|----------------|-------------------|--|
| <p>Check your pathway to licensure <b>and</b> your education level.</p> <p>#1 <input type="checkbox"/> <b>Via Endorsement</b></p> <p>Current License in _____ (State)</p> <p>Education Level: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4</p> <p>Exam passed in _____ on _____ (State) (Date)</p> <p>#2 <input type="checkbox"/> <b>Via AXP/Examination</b></p> <p>Education Level: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4</p> <p>If applicable, other State(s) examined in _____</p> <p>NCARB Certificate holder? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "YES", you may request NCARB to transmit your records to our office.</p> <p>Date NCARB requested: _____</p> |  | <p>FOR BOARD USE</p> |  | NCARB File No.:                      |                |                   |  |
|  |  |                      |  | To XB:                               |                |                   |  |
|  |  |                      |  | License No.                          | Date Licensed: |                   |  |
|  |  |                      |  | <b>AR -</b>                          |                |                   |  |
| Legal Name (First, Middle)   |  | (Last)               |  | Social Security No.:                 |                | Phone No. (days): |  |
| Residence Address (Include Apt. No., City, State and Zip Code)   |  |                      |  | Other Names Used:                    |                |                   |  |
|  |  |                      |  | Employer's Name, Address & Phone No. |                |                   |  |
| Mailing Address ( <b>ONLY</b> if different from above)   |  |                      |  |                                      |                |                   |  |

Check answers and provide detailed explanation and supporting documents if applicable.

1. Are you at least 18 years of age? ..... ☐ YES ☐ NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... ☐ YES ☐ NO
3. Have you ever applied for or been licensed as an Architect in Hawaii? ..... ☐ YES ☐ NO  
If "YES" indicate the MONTH and YEAR: \_\_\_\_\_ or License No.: **AR -** \_\_\_\_\_ Expiration: \_\_\_\_\_
4. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? ..... ☐ YES ☐ NO
5. Are there any disciplinary actions pending against you? ..... ☐ YES ☐ NO
6. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ..... ☐ YES ☐ NO

**EXPLAIN "YES" RESPONSES, PROVIDING DATES, PLACES, AND TYPE OF CONVICTION OR DISCIPLINARY ACTION ON A SEPARATE SHEET AND SUBMIT PERTINENT DOCUMENTATION FROM THE COURTS OR LICENSING AUTHORITY.**

(CONTINUED ON PAGE 2)

Appl ..... 244 ..... \$150/\$100

Lic ..... 245 ..... \$64  
CRF ..... 247 ..... \$50/\$100  
1/2 Renewal ..... 240 ..... \$52  
Service Charge. .... BCF..... \$25

Date: \_\_\_\_\_

| EDUCATION (Indicate if School of Landscape Architect with University & clarify degree, as "Bachelor's in Landscape Architect") |               |    |                |                 |       |
|--|---------------|----|----------------|-----------------|-------|
| Name & Location of School  | Dates (mo/yr) |    | Date Graduated | Degree Received | Major |
|  | From          | To |                |                 |       |
| Architectural College/University   |               |    |                |                 |       |
| Other College/University   |               |    |                |                 |       |

| EXPERIENCE RECORD (You may attach additional sheets provided that the information is in this format) |                                   |    |            |  |                 |                     |
|--|-----------------------------------|----|------------|--|-----------------|---------------------|
| ENGAGEMENT NUMBER  | DATES (mo/yr)<br>TIME (yrs & mos) |    |            | TITLE OF POSITION, NAME OF EMPLOYER & CHARACTER OF EACH EMPLOYMENT. <i>Designate each employment or change in position by a separate letter and a ruled line extending across page. Include magnitude &amp; complexity of work on which engaged, your duties &amp; degree of responsibility. Have in mind that the Application Committee is more interested in your specific duties rather than the number of persons employed or over-all cost of projects.</i> | YOUR SUPERVISOR |                     |
|  | FROM                              | TO | TOTAL TIME |  | NAME & ADDRESS  | LICENSED ARCHITECT? |
|  |                                   |    |            |  |                 |                     |
|  |                                   |    |            | SUMMARY (By Applicant)<br>TOTAL EXPERIENCE   |                 |                     |
|  |                                   |    |            | SUMMARY (By Board)   |                 |                     |

I certify that the statements, answers and representations made in this application and documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of my license and is a misdemeanor (Sections 710-1017, 436B-19 and 464-10, Hawaii Revised Statutes). I further certify that I have read, understand and agree to comply with the provisions of Hawaii Revised Statutes, Chapter 464, and Hawaii Administrative Rules, Chapter 115.

---

Date

Print Name of Applicant (Architect): \_\_\_\_\_

Date: \_\_\_\_\_

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize the Board and DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print name of individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.