

**BOARD OF PROFESSIONAL ENGINEERS, ARCHITECTS,
SURVEYORS AND LANDSCAPE ARCHITECTS**

Professional & Vocational Licensing Division
Department of Commerce and Consumer Affairs
P.O. Box 3469
Honolulu, Hawaii 96801

INSTRUCTIONS

1. Complete the enclosed “Continuing Education Audit Form,” including signature. Completion of this form is required.
2. Attach “Certificates of Completion” or AIA Transcript to verify each entry, totaling the required hours in HSW subjects.

Architect CE Requirements HRS §464-9(d)(1)-(3)		
Licensed anytime <u>before</u> April 30, 2022	Licensed anytime from May 1, 2022 – April 30, 2023	Licensed anytime from May 1, 2023 – April 30, 2024
16 total	8 total	0 total

3. Submit the “Continuing Education Audit Form” and the supporting CE certificates via mail by **August 30, 2024** to:

EASLA Board
Professional & Vocational Licensing Division
Department of Commerce and Consumer Affairs
P.O. Box 3469
Honolulu, Hawaii 96801

4. The “Continuing Education Audit Form” is also available for digital download on the Board’s website: https://cca.hawaii.gov/pvl/news-releases/easla_announcements/.

In lieu of hard-copy submittals, you may submit the form and digital copies of your CE certificates or AIA Transcript via email by **October 15, 2024** to EASLA@dcca.hawaii.gov.

REFERENCES

- HRS § 464-9 (renewal requirements for all EASLA licenses)
- HRS § 464-9(d) (continuing education requirements for architects)
- HAR § 16-115-60 (continuing education requirements for architects)
- HAR § 16-115-60.5 (requirements for approval by the board)
- HAR § 16-115-61 (certification of compliance and audit)

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FOR OFFICE USE ONLY	
<input type="checkbox"/>	Compliant as of _____
<input type="checkbox"/>	Deficient
<input type="checkbox"/>	Supporting documents needed
<input type="checkbox"/>	Complaint filed _____

CONTINUING EDUCATION (“CE”) AUDIT FORM

Course Date*	Course Title	Sponsor	Credit Hour(s)
*CE credit hours in public protection subjects (“HSW”) must have been acquired from May 1, 2022 to April 30, 2024			TOTAL CREDIT HOURS:

I hereby certify that all information contained on this audit form and the supporting documents attached are true and correct.
The Board may contact me via e-mail about my CE audit at: _____ (email address).

Licensee Name (Please Print)

AR-_____
License No.

Signature of Licensee

Date