

REQUIREMENTS FOR LICENSURE - ARCHITECT

Access this form via website at: cca.hawaii.gov/pvl

Applications may be mailed hard-copy to our office or submitted online by creating a MyPVL account at: mypvl.dcca.hawaii.gov

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 the A.R.E. exam but are not licensed in any other state, you will be applying "Via Exam" for initial licensure.

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 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.

VERIFICATION OF EDUCATION

All applicants must submit a certified copy of diploma **OR** official transcripts to verify education, unless applying via the "no degree" pathway.

Additionally, graduates of foreign colleges **must have their foreign architectural degree evaluated if they wish to have their degree(s) considered**. To have your degree evaluated, use the 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.

Please be advised that if the program you completed is **NOT** evaluated as equivalent to a NAAB accredited program, you will be applying via the "no degree" pathway and required to provide verification of 11 years of lawful experience.

VERIFICATION OF EXPERIENCE

Applicants are required to verify their experience. Your level of education and pathway for licensure will dictate the type of **additional experience verification** you will need to submit. Refer to the listing below for ways to provide evidence of your experience:

(CONTINUED ON PAGE 2)

VERIFICATION OF EXPERIENCE (contd.)

1. NCARB Records may be submitted in lieu of #2, #3 and #4 below. However, note the Board may still request additional verification as needed.
2. Completion of Architectural Experience Program (for licensure via exam): Please contact NCARB directly to provide this information.
3. Supervised experience: Submit form EAS-13 "Verification of Supervision" completed by your licensed architect supervisor(s).
4. Experience in responsible charge (for licensure via endorsement): Submit form EAS-11(c) completed by a licensed individual other than the applicant. Responsible charge form should be submitted if operating as a sole proprietorship, if supervisor(s) are no longer available, or if you wish to verify responsible charge experience instead of, or in addition to, supervised experience.
 - **NOTE:** Responsible charge experience will only be considered for experience gained while already licensed in another jurisdiction.
 - **NOTE:** 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.)

VERIFICATION OF EXAMINATION & LICENSE

Applicants for licensure via endorsement:

You must verify at least one current license in another state and passage of the A.R.E. If applying "via exam," you must also verify completion of AXP/IDP.

1. Send the "Verification of Exam/License" form S-1 to the state in which you were **ORIGINALLY LICENSED** with the appropriate service fee, if any. 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. The completed form should be sent to Hawaii **directly** from the state board verifying exam/license.
2. Alternatively, request NCARB to transmit your NCARB Records to the Hawaii Board.

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
www.ncarb.org	Fax: 202-783-0290

SUBMITTALS

1. Complete the entire application form; AND
2. Provide a copy of all pertinent diplomas or official transcript(s) from an approved school or college, or NCARB EESA report for foreign graduates, unless applying with "no degree"; AND
3. Documentation of your completion of AXP/IDP from NCARB (if applying via exam); AND
4. "Verification of Supervision" form completed by your supervisor(s) who is a licensed architect and/or "Experience in Responsible Charge" form from a licensed architect; AND
5. "Verification of Exam/License" form from another state board; OR
6. NCARB Records that document any of #2-#5 above to the satisfaction of the Board and pursuant to current Hawaii laws/rules; AND
7. A non-refundable application fee of \$150 for endorsement, \$100 for exam/initial licensure made payable to: Commerce & Consumer Affairs (checks must be in U.S. dollars and be from a U.S. financial institution).

(CONTINUED ON PAGE 3)

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

Maui: 984-2400 ext. 6-3000

Hawaii: 974-4000 ext. 6-3000

Molokai: 1-800-468-4644 ext. 6-3000

Lanai: 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

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.)

A final licensure fee will be assessed if your application is approved.

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.

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RETURN OF REQUIRED ITEMS

Mailing Address:

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

Office Location:

335 Merchant Street, Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

OR

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 will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination. Note that registration alone, without receiving a score, is not considered an examination "attempt."

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements 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. 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 in HSW subjects 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 and requirements shall be in accordance with HRS §464-9, HAR §16-115-60, HAR §16-115-60.5, HAR §16-115-61, and HAR §16-115-62.

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

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

<p>Check your pathway to licensure and your education level.</p> <p>#1 <input type="checkbox"/> Via Endorsement</p> <p>Current License in _____ License No. _____</p> <p>Education Level: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4</p> <p>A.R.E passed in _____ on _____</p> <p style="text-align: center;">(State) (Date)</p> <hr/> <p>#2 Via AXP/Examination</p> <p>Education Level: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4</p> <p><input type="checkbox"/> Application for A.R.E exam</p> <p><input type="checkbox"/> Application for initial license with A.R.E completed in _____ on _____</p> <p style="text-align: center;">(State) (Date)</p> <p>I have requested NCARB to transmit my records to Hawaii? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Requested: _____</p> <p>Legal Name (First, Middle) _____ (Last) _____</p> <p>Social Security No.: _____ Phone No. (days): _____ Email Address: _____</p> <p>Residence Address (Include Apt. No., City, State and Zip Code) _____</p> <p>Mailing Address (ONLY if different from above) _____</p>	FOR BOARD USE	<p>NCARB File No.: _____</p> <p>To XB: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">License No. AR -</td> <td style="width:30%;">Date Licensed:</td> </tr> </table> <p>Other Names Used: _____</p> <p>Employer's Name, Address & Phone No. _____</p>	License No. AR -	Date Licensed:
License No. AR -	Date Licensed:			

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

Print Name of Applicant (Architect): _____

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) TIME (yrs & mos)			TITLE OF POSITION, NAME OF EMPLOYER & CHARACTER OF EACH EMPLOYMENT. Designate each employment or change in position by a separate letter and a ruled line extending across page. Include magnitude & complexity of work on which engaged, your duties & 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.	YOUR SUPERVISOR	
	FROM	TO	TOTAL TIME		NAME & ADDRESS	LICENSED ARCHITECT?
				SUMMARY (By Applicant) TOTAL EXPERIENCE		
				SUMMARY (By Board)		

AFFIDAVIT OF APPLICANT:

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.

Signature of Applicant

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

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.