



## MISSISSIPPI STATE BOARD OF ARCHITECTURE

### PROCEDURE FOR ADMITTANCE TO THE ARCHITECT REGISTRATION EXAMINATION EARLY ADMISSION OPTION

This application is for individuals who have not completed IDP. Before submitting the application, be certain you meet all requirements for concurrent examination as required by the Board (see Rule 1.1). To be admitted to the Architect Registration Exam (ARE), you must submit to the jurisdiction of the Board, be enrolled in IDP, have a NAAB accredited degree, at least 1,880 hours in IDP, and 6 months of experience under the direct supervision of an architect post-graduation.

#### Important Links

NCARB (National Council of Architectural Registration Boards) [www.ncarb.org](http://www.ncarb.org)  
NAAB (National Architectural Accrediting Board) [www.naab.org](http://www.naab.org)

#### Application Instructions

1. Login to your NCARB account ([www.ncarb.org](http://www.ncarb.org)) to request a summary transmittal to Mississippi. In response to this request, NCARB will transmit information to the Board to document that you have earned at least 1,880 hours in IDP.
2. Complete the Mississippi application, including the employment verification forms, and attach your transcript (see steps 3 and 4). Forward this three-part package to the Board.
3. The employment verification forms must be completed, signed by your architect supervisor, and mailed with your application to substantiate six (6) months of employment post-graduation from a NAAB program. Use a separate form for each employer (make copies as needed). Do not document your entire work history; you need only document six months of employment after graduation.
4. An official transcript documenting your graduation from a NAAB accredited program must be included with your application (photocopies/facsimiles will not suffice). Instruct your university to mail the official transcript to you. The university should not send the transcript directly to the Board.
5. Upon receipt of your completed application, employment verification forms, transcript and NCARB record summary, the Board will determine your eligibility to begin examination.
6. If eligibility is granted, the Board will notify you and NCARB of your admittance to the exam. NCARB will then email you regarding your Authorization to Test, at which point you will be allowed to schedule exam appointments.
7. Download "ARE Guidelines" from the NCARB website for information on scheduling an exam, exam fees, exam specifications, and more.
8. Score reports (test results) are typically processed within four to six weeks of your test date. You will receive your score report from NCARB via email, and the Board will also receive a copy.
9. When you complete IDP, direct NCARB to transmit your full NCARB IDP Council Record to the Board. This is known as the "Green Cover" record. You must initiate this transmittal with NCARB after you complete IDP.
10. Upon receipt of your final "pass" score report and your NCARB IDP Council Record to document completion of IDP, the Board will mail (postal mail) a registration package that includes the Application for Registration by Examination.



# MISSISSIPPI STATE BOARD OF ARCHITECTURE

## APPLICATION FOR THE ARCHITECT REGISTRATION EXAM - EARLY ADMISSION OPTION

2 Professional Parkway #2B • Ridgeland, MS 39157

www.archbd.state.ms.us • 1-888-272-2627 • Email: msboa@archbd.state.ms.us

Instructions: Use this form only if you plan to begin the exam concurrent with IDP. Type or print legibly. Mail completed application, employment verification form and transcript with the \$60 application fee to the address noted above. Checks should be payable to MSBOA. The \$60 application fee is a one-time, non-refundable fee. Incomplete applications or applications lacking employment verification forms and transcripts will be returned for correction.

|           |            |                            |
|-----------|------------|----------------------------|
| Last Name | First Name | Middle Name or Maiden Name |
|-----------|------------|----------------------------|

|  |               |
|--|---------------|
| Mailing Address for Exam Score Reports | Email Address |
|--|---------------|

|      |       |     |                                  |
|------|-------|-----|----------------------------------|
| City | State | Zip | Date of Birth (month, day, year) |
|------|-------|-----|----------------------------------|

|                                |                             |                             |
|--------------------------------|-----------------------------|-----------------------------|
| Daytime Phone (with area code) | Home Phone (with area code) | Fax Number (with area code) |
|--------------------------------|-----------------------------|-----------------------------|

|                     |                  |
|---------------------|------------------|
| Social Security No. | Current Employer |
|---------------------|------------------|

|                                      |                    |
|--------------------------------------|--------------------|
| University (must be NAAB accredited) | Date of Graduation |
|--------------------------------------|--------------------|

Read each of the following statements **CAREFULLY**. Each applicant must submit this sworn affidavit. It is your responsibility to advise the Board of circumstances related to any of the following.

|  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | I certify that, other than the title of intern architect and work performed as an intern architect, I will not represent myself as an architect or provide architectural services in Mississippi until such time as I may become a licensed architect.   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | I certify that I have read the Mississippi laws, rules and regulations and that, to the best of my knowledge, I am qualified to take the Architectural Registration Exam.  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | I certify that I will conduct myself in accordance with the laws, rules and regulations governing the practice of architecture in the State of Mississippi at all times and on all projects, regardless of the size or dollar value of the project in question, and further acknowledge that it is my responsibility to stay informed of rule, regulation and law changes as published on the Board's website. |
| <i>If your answer to any of the following questions is yes, submit a complete explanation in the space provided, or via email to msboa@archbd.state.ms.us. Include copies of all relevant documents.</i> |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Aside from the title of intern architect, or work you performed under appropriate supervision as an intern architect, have you practiced architecture or have you represented yourself or been represented as an architect in Mississippi?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Have you been disciplined, reprimanded or fined, either publicly or privately, by a registration board?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Have you signed any legal document that settles a dispute or charges against you brought by a registration board?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Are you currently under investigation or are there any charges pending against you by a registration board?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Have you ever been convicted of a felony, any crime involving moral turpitude, a misdemeanor involving fraud, deceit, or misrepresentation or been convicted of any crime other than a minor traffic violation in any jurisdiction?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | Are there any felony or criminal charges pending against you?  |

### SIGNATURE

I understand that beginning the ARE prior to completion of the Intern Development Program may affect opportunities for reciprocal registration in other states. I understand that I must pass all parts of the ARE within a five year period in accordance with the NCARB rolling clock. I understand that I must complete IDP and submit my full NCARB IDP Council Record to the Board before I can be registered as an architect. I understand that providing false information on an application to the Board may subject me to discipline by the Board, including denial of the application. I certify that I am the applicant and that the information I have provided is true and accurate.

Applicant's Signature: \_\_\_\_\_

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

### NOTARIZATION

I \_\_\_\_\_ a Notary Public for \_\_\_\_\_ County, in the state of \_\_\_\_\_, DO HERBY CERTIFY that \_\_\_\_\_, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she signed, sealed and delivered the said instrument as his/her free and voluntary act, for the purposes therein set forth.

Given under my hand and notary seal this day: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Notary Signature: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_



# MISSISSIPPI STATE BOARD OF ARCHITECTURE

## Employment Verification Form

This form should be returned to the person named in section 1. The purpose of the form is to verify the named individual's employment in an architectural firm. The individual must substantiate six-months of employment after receipt of a professional architectural degree.

### 1. EXAMINATION APPLICANT INFORMATION

|           |            |             |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
| Address   |            |             |
| City      | State      | Zip         |
| Phone     | Email      |             |

### 2. EMPLOYER SECTION

|   |       |     |
|---|-------|-----|
| Company Name  |       |     |
| Supervisor's Name (must be a licensed architect in an NCARB jurisdiction) |       |     |
| Address   |       |     |
| City  | State | Zip |
| Phone   | Email |     |

The person named in section 1 was employed from:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ to Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

By my signature, I certify and affirm that the person named in section 1 was employed under my direct supervision as noted above.

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

Mississippi Architectural License No. (If not licensed in Mississippi, provide base state of licensure and license no.)