



MISSISSIPPI STATE BOARD OF ARCHITECTURE

APPLICATION FOR THE ARCHITECT REGISTRATION EXAM – IDP COMPLETE

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 have completed IDP. Submit this application, payment and your NCARB IDP Council Record to the Board. Type or print legibly. Mail completed application 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 will be returned for correction.

Last Name	First Name	Middle Name or Maiden Name
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Mailing Address for Exam Score Reports		
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City	State	Zip
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Daytime Phone (with area code)	Home Phone (with area code)	Fax Number (with area code)
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Social Security No.	Birth Date (month, day and year)
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Current Employer	Email Address
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Read each of the following statements **CAREFULLY**. It is your responsibility to advise the Board of circumstances that could lead the Board to believe that you or your firm is in violation of the statutes or rules governing the practice of architecture in Mississippi.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I attest that I am the applicant, the person making the foregoing statements, and that they are made in good faith and are true in every respect.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I attest that I have read the Mississippi Architectural Law and Rules.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I attest that I will not contract for architectural work in this state until I have been licensed as an architect by the State of Mississippi.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I attest that I will not practice architecture in this state prior to becoming licensed, though I may perform services under the direct supervision of an architect.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I attest that I will not use the title of 'architect', or hold myself out as an architect, prior to becoming licensed, though I may use the title 'intern architect' solely in conjunction with my employment as an intern.
<input type="checkbox"/> Yes <input type="checkbox"/> No	If your answer to any of the following questions is yes, provide a detailed explanation and documentation. Excluding minor traffic violations, have you ever been convicted of a crime in any state or foreign country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently, or have you ever been, under investigation by any architectural registration board or NCARB?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been disciplined by any architectural registration board or NCARB?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied admission to the Architect Registration Exam, or have you been denied an architectural license?

SIGNATURE

I understand that I must pass all parts of the ARE within five years of passing the first section in accordance with the NCARB rolling clock. 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.

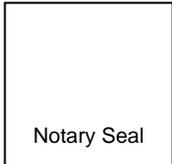
Applicant's Signature: _____ Date: _____

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: _____



- ✓ Mail completed form and \$60.00 fee payable to MSBOA (address above).
- ✓ Request transmittal of your NCARB IDP Council Record to Mississippi via the "My Council Record" weblink.