

Oregon Board of Architect Examiners

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APPLICATION FOR REINSTATEMENT

Application Fee - \$300

____ Reinstating from Inactive
____ Reinstating from Architect Emeritus

PERSONAL INFORMATION (Please print or type)

Full Name _____

Other Names Used _____

Ms ___ Mrs ___ Mr ___ Date of Birth _____ Citizenship _____

*Social Security No. _____ NCARB Cert No. _____ NCARB FileNo. _____

Have you ever applied for registration in Oregon or any other state? Yes ___ No ___

If yes, please provide date and explain circumstances _____

Email Address _____

Firm Name _____

Firm Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____

Residence Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____

Preferred Mailing Address: Business _____ Residence _____

***Social Security Number Requirement**

You are required to provide your Social Security number as part of your application for an initial, renewed, or reinstated professional license or registration issued by the Board. Collection of the Social Security number is authorized by Oregon and federal law, ORS 25.785, ORS 305.385, 42 USC sec 666(a)(13) & 405(c)(2)(C)(i), and 20 USC secs 1078(b)(6) and 1091(a)(4). These laws prohibit the Board from processing any application for initial license, renewal, or reinstatement of a license unless the applicant provides his/her Social Security number. Failure to provide your Social Security number will be a basis to refuse to issue or renew the license/registration you seek. Your Social Security number may be used for child support, tax enforcement, as well as investigations by this Board.

LICENSING & LEGAL HISTORY INFORMATION

1. Date your license went to Inactive or Architect Emeritus status _____
2. Have you ever been under investigation by any state licensing board or jurisdiction, including Oregon, for any potential violation of the laws or rules pertaining to the practice of architecture or unethical conduct?
Yes___ No___
3. Have you ever been convicted of a felony or misdemeanor? Yes___ No___
4. Has your registration ever been denied or revoked or suspended in any state or jurisdiction? Yes___ No___
5. Have you practiced architecture in Oregon while your Oregon license was inactive? Yes___ No___
6. Have you used the title "Architect" in Oregon while your Oregon license was inactive? Yes___ No___

If you have answered "yes" to any of the above questions, please provide an explanation, along with dates and details of the situation on a separate sheet of paper.

CURRENT PROFESSIONAL PROFICIENCY

An architect who has terminated his or her practice in good standing may reinstate only after satisfying the Board of their proficiency. Pursuant to OAR 806-010-0145(9), proficiency may be established by any one of the following:

1. Submitting to the Board verifiable evidence of compliance with the aggregate continuing professional education (CPE) requirements for the reporting periods while inactive.
2. Submitting evidence of active registration in his/her jurisdiction recognized by the Board and participation in another jurisdiction's required CPE program, for the reporting periods while inactive.
3. Beginning the initial registration process anew.

Pursuant to OAR 806-010-0060, you may be required to demonstrate current professional proficiency prior to the reinstatement of your registration. Do you hold a current architectural registration in another state? If so, please attach documentation showing the state and registration number.

AFFIDAVIT and NOTARY

I swear/affirm I have not practiced architecture or used the architect title in Oregon while I did not hold an active license unless I have so identified under the legal history section and attachments included with this application form. I swear/affirm that the foregoing statements are made in good faith, are true and complete; that all matters have been disclosed; and that I have read and understand this affidavit.

Applicant Signature

STATE OF _____) COUNTY OF _____)

Signed, Sworn and Affirmed before me on _____ by _____
Date Applicant Name

My commission expires _____
Date Notary Public Signature

(Seal)