



## 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 1.01). 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 235 training units 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)  
Prometric (ARE exam proctor) [www.prometric.com](http://www.prometric.com)

#### Application Instructions

1. Contact NCARB via the 'My Council Record' weblink and request a record transmittal to Mississippi. In response to this request, NCARB will transmit a record summary to the Board. You will receive an email from NCARB confirming transmittal, as will the Board. NCARB will require you to pay the full \$285 record fee prior to transmitting your record.
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. (We must obtain the transcript from you, even though a copy will also be provided to NCARB, because NCARB will not release your full record to the Board (with a copy of the transcript) until IDP is completed.)
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 NCARB and Prometric. Within three weeks, Prometric will issue, via postal mail, your Authorization to Test and Candidate ID Number. You will need the Candidate ID Number to schedule exam appointments.
7. Download "ARE Guidelines" from the NCARB website for information on scheduling an exam, exam fees, exam specifications, and more, then make an appointment with Prometric to start testing. Exams can be taken in the Prometric test center of your choice. Find the most convenient test center at [www.prometric.com](http://www.prometric.com).
8. Score reports (test results) are typically processed within six weeks of your test date. the Board will mail your score reports to you upon receipt. Exam scores cannot be provided over the telephone, so please do not call for results. However, if you have not received your score report after seven weeks, call or email the Board.
9. The Board will send a letter to confirm passage of all exam sections with the final "pass" score report.
10. 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 when you completed IDP.
11. Upon receipt of your final "pass" score report and your NCARB IDP Council Record (transmitted after completion of IDP), the Board will provide an Application for Registration by Examination. If approved, you will receive your initial architectural license.



# 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**. 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 in an IDP approved setting.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If your answer to any of the following questions is yes, provide a detailed explanation and documentation.</b> 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 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 five years of passing the first section 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.

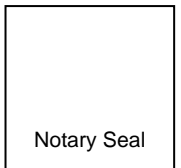
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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: \_\_\_\_\_



- Request transmittal of your NCARB Record to Mississippi via the "My Council Record" weblink.
- Mail the following items to MSBOA at the address noted above:
  - ✓ Completed application and \$60.00 fee
  - ✓ Employment verification form(s)
  - ✓ Transcript

# 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.)