



MISSISSIPPI STATE BOARD OF ARCHITECTURE

2011 ARCHITECT RENEWAL (FOR LICENSURE PERIOD 12/1/2011 TO 11/30/2013)

2 Professional Parkway #2B • Ridgeland, MS 39157

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

ONLINE RENEWAL

Renew your license online with a check or credit card at www.archbd.state.ms.us. On the home page, choose the Renew My License/Architect link. Enter your license number, last name and date of birth, and then follow prompts.

HARD COPY RENEWAL

DUE DATE: To avoid inactive status, renew on or before November 30, 2011

PAYMENT: Make check or money order payable to MSBOA

MAIL TO: MSBOA
2 Professional Parkway #2B
Ridgeland, MS 39157

ENCLOSE RENEWAL FEE:

RESIDENT ARCHITECT/\$250.00

NON-RESIDENT ARCHITECT/\$300.00

LATE PENALTY \$ _____ / \$5.00 per month after 11/30/11

PLEASE TYPE OR PRINT. ERRONEOUS APPLICATIONS WILL BE RETURNED, UNPROCESSED, WITH INSTRUCTIONS FOR CORRECTION. COMPLETE EACH NUMBERED SECTION.

1. CERTIFICATION

_____(initial) I am the applicant. I certify and affirm that I have read the current Mississippi Architectural Law, Rules and Regulations and that I am qualified to practice architecture in the State of Mississippi. The information I will provide on this application is true and accurate.

2. LAST NAME

3. FIRST NAME

4. MIDDLE NAME

5. MISSISSIPPI LICENSE NO. (see renewal notice or go to www.archbd.state.ms.us/main_find_licensee.html and enter your name)

6. MAILING ADDRESS

7. CITY

8. STATE OR PROVINCE

9. ZIP OR POSTAL CODE

10. COUNTRY

USA Other _____

11. DAYTIME PHONE (with area code)

12. FAX NUMBER (with area code)

13. EMAIL (email is the Board's primary method of communication)

14. FIRM WEBSITE (URL)

15. DISCIPLINARY ACTION/MORAL CHARACTER

Yes No Since the filing of your last Mississippi application, have you been charged, arrested, convicted, found guilty or pleaded nolo contendere to any criminal offense (excluding non-criminal traffic infractions)? If yes, submit details.

Yes No Since the filing of your last Mississippi application, have you been investigated, charged, or disciplined, or are you currently under investigation by a governing or licensing board, other than the Mississippi State Board of Architecture, or by any federal or state agency? If the action has already been reported to the Mississippi State Board of Architecture or resolved to their satisfaction you may answer No. If yes, submit details.

16. BUSINESS/FIRM NAME

-If practicing as an individual, provide name as it will appear on title blocks, etc. (Ex. John Doe, Architect).

-You must list all names through which you will practice in Mississippi, and all must meet requirements noted in section 18 on pg. 2.

17. BRANCH OFFICES

If applicable, provide the address of each branch office within the State of Mississippi and the name and Mississippi license number of the supervising architect who is resident in that office.

18. BUSINESS/FIRM NAME AND STRUCTURE REQUIREMENTS

- An architect can NOT practice through a business corporation (Inc.) or a limited liability company (LLC) in Mississippi.
- The only allowable entities for architectural practice in Mississippi are:
 - Sole Proprietorship/Individual
 - Professional Corporation (PC)*
 - Professional Association (PA)*
 - Partnership
 - Limited Partnership
 - Professional Limited Liability Company (PLLC)*

**PCs, PAs and PLLCs must be registered with the Mississippi Secretary of State.*
- All partners, stockholders, directors, officers, and/or owners of an architectural firm must be architects or engineers in their state of residence. See section 73-1-19 and rule 3.02.1.
- For non-resident firms, at least one stockholder, director, officer, and/or owner must be a licensed architect in Mississippi. See section 73-1-19 and rule 3.02.1.
- Firm names are improper if they contain the name or names of individuals actively licensed in another jurisdiction if none of the individuals named in the firm name are actively licensed in Mississippi. See rule 3.02.3.
- If the firm name is a trade name, or does not include the name of a Mississippi architect, the name of a Mississippi architect must be disclosed on all listings, title blocks, contracts, letterhead, etc. See rule 3.02.3.
- Use of the plural "architects" in a firm or business name is restricted to firms employing more than one actively licensed architect. See rule 3.02.12.

_____ (initial) I certify that ALL partners, stockholders, directors, officers and/or owners of the firm(s) through which I will practice in Mississippi are licensed engineers or architects in their state of residence. I certify that I have read and understand the requirements for firm structure and firm names as provided in Section 73-1-19 and Chapter 3 of the rules. I am aware that practicing through a business that does not comply with these provisions could result in disciplinary action.

19. CONTINUING EDUCATION

Prior to renewing your Mississippi architectural license, you must have completed 24 units of health, safety or welfare continuing education or have an allowable exemption. See Chapter 6 of the rules and regulations for details.

Choose ONE:

___ **CE Completion per Resident State's Requirement**

Only for residents of Alabama, Alaska, Arkansas, Georgia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maryland, Missouri, Minnesota, Nebraska, Nevada, New Mexico, North Carolina, Oklahoma, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, West Virginia and Wyoming.

_____ (initial) I am a resident architect of an NCARB jurisdiction listed above. My resident state has a continuing education program that accepts the Mississippi continuing education requirement reciprocally. I certify by this affidavit that all requirements of my resident jurisdiction are current and have been met.

My jurisdiction is _____ and my current registration number in my resident state is _____.

___ **CE Completion per Mississippi's Requirement**

I certify and affirm that I have acquired 24 continuing education units in coursework related to health, safety and welfare. These units were acquired according to the guidelines set forth in Chapter 6 of the rules and regulations. I understand that a random sample of CEU reports will be audited, thus I am required to keep detailed documentation for all coursework claimed for one year beyond my renewal date.

I have earned: _____ CEUs in structured coursework (minimum of 16 required)
 + _____ CEUs in self-directed coursework (maximum of 8 allowed)
 = _____ TOTAL (must total at least 24)

_____ First date of the first course for which I am claiming credit (on or after 12/1/2009)
 _____ Last date of the last course for which I am claiming credit (on or before 11/30/2011)

_____ (initial) I have late CEUs earned after 11/30/2011.
Attach a list of each course or activity that took place on or after 12/1/2011. Include the date of the coursework, course title, brief description, instructor or sponsor, the number of CEUs, and whether the CEUs were structured or self-directed. A late CEU penalty will apply as provided in Chapter 6 of the Rules and Regulations. If you have indicated late CEUs, your renewal will not be processed without this information. You will be billed separately for the late CEU penalty. Your renewal will not be processed until the late CEU penalty is paid.

Please DO NOT send documentation of CEUs unless you are directed to do so in an audit letter.

___ **CE Exemption/First Renewal**

I became licensed in Mississippi on or after 10/1/2009 and this is my first renewal.

___ **CE Exemption/Armed Services**

I have served on active duty in the Armed Forces of the United States for a period of time exceeding ninety (90) consecutive days during the two-year reporting period.

___ **CE Exemption/Pre-Approved Hardship**

I have a hardship exemption that has been previously approved by the Board (call 888-272-2627).

CHECK IT - Have you completed each numbered section of the renewal form? Did you provide the required CEU details? Incomplete applications cannot be accepted and will be returned unprocessed.

