

# Foreign Architect Path to NCARB Certification Credential Verification Form

The National Council of Architectural Registration Boards (NCARB) requires completion of this form **in English** to verify the applicant's current registration/licensure credential to practice architecture outside the United States and Canada. If your credential authority is unable to complete the form in English, ask the authority to forward the completed form to a translation service, and have the translation service send the original form and English translation directly to NCARB. *Incomplete forms, falsified forms, and/or forms submitted by applicants will not be accepted.*

## Applicant

Please complete Part **A**. Then, ask the credentialing authority to complete Part **B** and to submit the completed form directly to NCARB.

**A**

Name: (Last, First) \_\_\_\_\_ NCARB Record No. \_\_\_\_\_

Country in which credentialed: \_\_\_\_\_ Today's Date (MM/DD/YYYY): \_\_\_\_\_

## Credentialing Authority

Please complete Part **B** to verify the applicant's registration status and submit the completed form directly to NCARB.

1. Name of the profession in which the applicant is credentialed: \_\_\_\_\_

2. Credential number, if any: \_\_\_\_\_ 3. Country where credential is valid: \_\_\_\_\_

4. Is your organization or entity the official credentialing authority that can issue and regulate the license to practice architecture? ☐ YES ☐ NO

If no, briefly describe the other organizations, including their roles and responsibilities:

**B**

5. Is registration with your organization or entity mandatory to legally practice architecture within the country. ☐ YES ☐ NO

6. Does the applicant's credential legally allow the applicant to provide unlimited architectural services? ☐ YES ☐ NO

If no, briefly describe limitation (for example, limited building size or construction type, supervision requirement, etc.):

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7. Does the applicant's credential have a classification or rank? ☐ YES ☐ NO

If yes, briefly describe classification or rank:

8. Credential issue date (MM/DD/YYYY): \_\_\_\_\_

9. Credential expiration date (MM/DD/YYYY): \_\_\_\_\_ ☐ There is no credential expiration date

10. Renewal fee expiration date (MM/DD/YYYY): \_\_\_\_\_ ☐ There is no renewal fee or date

**B**

11. Current credential status: ☐ Active and in good standing ☐ Inactive ☐ Lapsed  
☐ Revoked ☐ Other \_\_\_\_\_

12. If the credential is inactive, lapsed, or revoked, please list the requirements necessary to reactivate (leave blank if not applicable)

13. Is there a system in place for documentation of disciplinary actions? ☐ YES ☐ NO

14. If yes, is there record of any disciplinary action against the applicant's credential? ☐ YES ☐ NO

15. If yes, please explain the record of disciplinary action and current status:

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16. Name, title, and email address of the person at the credentialing authority who completed Part B of this form as well as the credentialing authority's name and website address (please include official and verifiable contact information):

Name: (Last, First) \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Website: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

**Credentialing Authority:** When you have completed this form, please submit via the email using an official and verifiable email address or to the mailing address below:

Or email to: [foreignarchitect@ncarb.org](mailto:foreignarchitect@ncarb.org)

**B**

Or mail to:

**NCARB**

3570 Bladensburg Road  
Brentwood, MD 20722