

The Commonwealth of Massachusetts

Division of Professional Licensure Board of Registration of Architects

1000 Washington Street, Suite 710
Boston, Massachusetts 02118-6100

www.mass.gov/dpl

617-701-8690

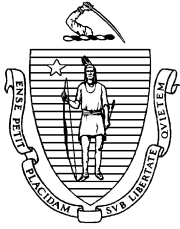
Reinstatement Policy for Lapsed/Expired Architectural License

There is no "INACTIVE" status in Massachusetts

Mail this application to the address noted above

1. For licenses expired within the last year to less than three (3) years:
 - Submit to the Board this completed application and the processing fee of \$113.00, payments are to be made payable to: the Commonwealth of Mass.
 - Include proof of continuing education (CMR 231 3:06) for a recent 2 year period.
2. For licenses expired more than three (3) years ago but less than ten (10) years:
 - Submit to the Board this reinstatement application and processing fee of \$113.00, payments are to be made payable to: the Commonwealth of Mass.
 - Submit to the Board graphic evidence of three (3) current projects appropriate to the scope for which the registrant desires to be licensed.
 - Submit to the Board a reference letter from each of the clients whose projects are being presented (3 letters).
 - The requirement to submit three (3) current projects and three (3) corresponding reference letters may be waived upon submission of a current NCARB file; IF this applies to you, you must request NCARB transmit your file to the Board.
 - Provide to the Board a brief written history of your practice since your license lapsed.
 - Provide proof of continuing education (CMR 231 3:06) for a recent two year period.
3. For those licenses expired for more than ten (10) years:
 - You may be required to take the current A.R.E. examination (computer examination).
 - Submit to the Board this reinstatement application and processing fee of \$113.00, payments are to be made payable to: the Commonwealth of Mass.
 - Submit to the Board graphic evidence of three (3) current projects appropriate to the scope for which the registrant desires to be licensed.
 - Submit to the Board a reference letter from each of the clients whose projects are being presented (3 letters).
 - The requirement to submit three (3) current projects and three (3) corresponding reference letters may be waived upon submission of a current NCARB file; IF this applies to you, you must request NCARB transmit your file to the Board.
 - Provide to the Board a brief written history of your practice since your license lapsed.
 - Provide proof of continuing education (CMR 231 3:06) for a recent two year period.
 - You may be required to appear for a personal interview before the Registration Board.

Final License Reinstatement fees are capped at the cost of the license renewal for two licensing cycles plus one late fee, (the Board will send notification after review).



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Architectural Reinstatement Application Fee--\$113.00

BOARD USE ONLY	
Board:	_____
License #:	_____
Type:	_____
Cash #:	_____
Cash Date:	_____

Mail this application to the address noted above

REQUIRED:

Attach a recent 2" X 2" passport style photo here

- Applicant Name: _____
 Last First Middle
- Previous Name: _____
- Current License#: _____ License Expiration Date: _____
- Are you an NCARB Certificate holder? Yes: No: NCARB Certificate No.: _____

BOARD USE ONLY		
Status Code: _____	Issue Date: _____	Lic. Exp. Date: _____

- Date of Birth: _____ Place of Birth: _____
- Permanent Address: _____
 No. Street Apt. #

 City/Town State Zip Code
- Business Address (If Applicable):
 No. Street Apt. #

 City/Town State Zip Code
- Telephone Number-Day: _____ Evening: _____
- List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. (use additional sheets if necessary for your list.)

State	License Number	Issue Date	Current	Lapsed

10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary):

11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary):

12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: No: If yes, please state the details (use a separate sheet if necessary):

13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary):

14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: No: If yes, please state the details (use a separate sheet if necessary):

15. Do you hold an NAAB or CACB accredited degree? Yes: No:
If yes, please list school name, year of graduation, and degree obtained:

16. Under what name or firm name are you practicing or do you expect to practice Architecture in Massachusetts?

17. Position with Firm: _____

18. Number of years with firm: _____

19. Date Massachusetts Registration lapsed: _____

20. Reason for lapsed Massachusetts Registration: _____

21a. Provide a brief history of your practice in MA since your Massachusetts Registration lapsed:

21b. Provide a brief history of your practice in other jurisdictions since your Massachusetts Registration lapsed:

22. Method of original Massachusetts Registration (examination/reciprocity): _____

23. State of Initial Registration: _____
License#: _____ Date issued: _____ Expiration date: _____

24. You must provide graphic evidence of at least three projects for which you have been either the architects of record or had substantial responsibility (if not the architect of record, a detailed description of responsibility). Photographs and brochures may be acceptable for evidence. Or in lieu of submitting three (3) current projects and three(3) corresponding reference letters you can file a reciprocity application (Blue Book) through NCARB, telephone #202-783-6500. (you must be certified by NCARB and hold a current license in another jurisdiction to be considered eligible for reciprocity)

25. You must provide reference letters from the clients of each of the three projects that you are submitting.

26. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be ground for the Massachusetts Board of Registration of Architects to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts law. In addition, the Board is registered under the provision of M.G.L. c. 6 § 172 to receive Criminal Offender Record Information (CORI) for the purpose of screening current licensees and otherwise qualified prospective license applicants. CORI must be checked as part of your licensing process and no convictions contained in a CORI are automatic disqualifiers. In order to complete the CORI check process, please fill out the CORI Acknowledgment Form on Pages 5 & 6.

Signature of applicant

Date:

**COMMONWEALTH OF MASSACHUSETTS
1000 Washington Street, Suite 710
Boston, MA 02118-6100**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

I understand that the Division of Professional Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

