

MONTANA BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS

301 South Park, 4TH Floor (Delivery)
P. O. Box 200513
Helena MT 59620-0513
(406) 444-6880
E-mail: dlibsdark@mt.gov
Website address: www.architect.mt.gov

ARCHITECT APPLICATION BY CREDENTIALING ARCHITECT REAPPLICATION OF A MONTANA TERMINATED LICENSE

DO NOT FAX APPLICATIONS – We must receive original signature and do not accept faxed applications.

GENERAL INFORMATION

- This application is to be completed if you are an applicant who holds a valid license to practice architecture in another state or jurisdiction **OR**
- Are reapplying due to termination of a previous Montana architect license.
- Complete and routine applications will be processed within 14 days.
- Please review the Montana laws and rules regarding the practice of architecture in Montana.

LICENSE REQUIREMENTS

- The applicant must have a current **NCARB Council Record** for applicants applying for licensure from another state.
- The applicant for licensure by credentialing must hold a valid license to practice architecture in another state or jurisdiction.
- The applicant applying due to a **terminated license** status must reapply for licensure and submit a current NCARB Council Record and verification of previous licensure from the licensing entities in **ALL** states where the applicant has been licensed.

FEES

Application fee: **\$180.00**

Make check or money order payable to the Montana Board of Architects and Landscape Architects (all fees are non-refundable). PLEASE DO NOT SEND CASH.

REQUIRED DOCUMENTS

- A complete application and fee
- NCARB Record showing a current Certificate, transmitted directly to the Board from NCARB
- Verification of Licensure from all jurisdictions where the applicant currently holds, or has ever held an architect license

APPLICATION PROCEDURES

- Submit a complete application and all required documentation.
- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. You may make copies of the attached verification request form as needed (Page 6 of the application), or the jurisdiction may provide their own form. Some states may charge a fee for verification. Contact each state board prior to sending the request.

- Please make sure all required documents are submitted with a completed application. Incomplete applications cause delays in processing.
- Keep the board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- A routine application may take up to 14 days to process once it is complete.
- A non-routine application may take up to 120 days to process
- The applicant will be notified in writing of any deficient or missing items from the application file.

ADDITIONAL INFORMATION

Any applicant who once held a Montana Architect license and is reapplying due to a **terminated license** status must reapply for licensure and submit a current NCARB Council Record showing current Certification, transmitted directly to the board from NCARB. Please be aware that the application may be considered non-routine and may be scheduled for review at the next board meeting. Please refer to the Board Information/Board Meetings tab on the Board website for specific meeting dates.

The Montana Board of Architects and Landscape Architects does not issue temporary licensure. A nonresident architect may solicit business to perform architectural services in this state **without compensation** upon submission to the board of verification of the following:

- a current, unrestricted architectural license issued by the state where the architect's principle office is located by providing the Verification of Licensure for Solicitation of Business (**page 6**) or other state verification form; **and**
- a current NCARB certificate.

A nonresident architect may not accept a commission or **otherwise engage** in the practice of architecture within the State until licensed by the Board.

Applicants may contact the National Council of Architectural Registration Boards (NCARB) for any information regarding record transmittals or how to obtain a NCARB record at (202) 783-6500 or at: www.ncarb.org.

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**Architect Application by Credentialing
Architect Reapplication by of a Montana Terminated License**

Application for Licensure by:

Credentials - \$180.00

Reapplying due to previous Montana license terminated - \$180.00

Complete routine applications will be processed within 14 days

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

6. PREFERRED MAILING ADDRESS Business Home

7. E-MAIL _____

8. TELEPHONE (____) _____ (____) _____ (____) _____
Business Home Fax

9. SOCIAL SECURITY NUMBER _____

10. DATE OF BIRTH _____ PLACE OF BIRTH _____ MALE
FEMALE

11. PROFESSIONAL LICENSES:

List all professional licenses you hold. You may attach an additional sheet if necessary. This information is simply requested for board records as part of your application.

State	License #	License Type	Issue Date	Expiration Date

CONTINUE TO NEXT PAGE

PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

CONTINUE TO NEXT PAGE

PERSONAL HISTORY QUESTIONS

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|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 5. Have you ever withdrawn an application for any professional license? | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |

Note on Questions 8 and 9: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

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| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

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|---|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 11. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |

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| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? | Yes | No |

I authorize the release of information concerning education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Architects and Landscape Architects. I hereby declare that the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant

Date

PLEASE REVIEW THE MONTANA LAWS AND RULES AT www.architect.mt.gov

VERIFICATION OF LICENSURE FOR SOLICITATION OF BUSINESS

STATE BOARD OF:

I am soliciting architectural work in the in the State of Montana. The Montana Board of Architects and Landscape Architects requires this form to be completed by the state in which I hold a current unrestricted license and in which my principal office is located. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **MONTANA BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS.

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

License is current? _____ If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____ Date: _____