



STATE OF TENNESSEE
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS
DEPARTMENT OF COMMERCE AND INSURANCE
500 James Robertson Parkway Nashville, TN 37243-1142
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (FAX)

Architectural Registration — Reapplying

You may fill out forms and applications online. The forms and applications have to then be printed because they must be signed and/or notarized.

Note

If you previously held registration in Tennessee and are reapplying for registration, you will need to complete a new application, update your experience, and submit new references in support of your application. Unless otherwise advised, you do not need to have your educational transcripts submitted to the Board office. **We do not grant temporary licenses.** You must be registered prior to the offering or rendering of services.

Law and Rules

The Law and Rules can be accessed from the Board's home page. The registration law for architects, engineers, landscape architects, and registered interior designers is found at *Tennessee Code Annotated*, Title 62, Chapter 2.

NCARB Council Record

Contact the [National Council of Architectural Registration Boards](#) (NCARB) to have your Council Record submitted to the Board office. You must complete the application in its entirety including the education, experience, and reference sections of the application.

Fees

Make checks payable to the **Tennessee Department of Commerce and Insurance.**

- ◆ Application Fee - **\$55** (nonrefundable fee that must accompany the application)
- ◆ Biennial Registration Fee - **\$140** (if approved)

Submit the application fee with your application. To facilitate the processing of your application, the registration fee may also be paid at this time, but is not required. If you are not approved for re-registration, the registration fee will be refunded. If you are submitting both fees, please make the check in the amount of \$195.00. Submit the application and accompanying forms, with fees, to the address on the applications.

Forms

(1) Application Form –

- Fill out the application form completely (online or after downloading it), sign it, and have it notarized. Any major modification of state approved forms may cause the Board to reject your application.
- Provide detailed information regarding your architectural design work and responsibility on projects, progressive in nature, to enable evaluation of experience. All time/experience must be accounted for whether it is related to architecture or not.

(2) Reference Form –

- Submit five references, in addition to the references in your NCARB record from persons acquainted with your technical ability and character.
 - Three of the five references must be from registered architects.
 - No more than three (3) references can be from your current employer.
- References are required from both a current employer/supervisor and a past employer/supervisor (if applicable).
- References from relatives are not acceptable.

You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office.

(3) Affidavit Regarding Expired License –

You must submit an affidavit stating whether you have practiced or offered to practice architecture in Tennessee since your certificate of registration expired.

(4) The Summary Log of Continuing Education Activities –

You must have a minimum of twenty-four professional development hours with a majority of the hours (13) addressing health, safety, and welfare issues and technical competency for the two-year period preceding your re-application for registration. The Summary Log of Continuing Education Activities must be completed and documentation of the hours claimed submitted with your application.

(5) Firm Disclosure Forms –

If your firm does not have a valid disclosure form on file with the Board office, you will need to submit the appropriate disclosure with your application. A search for valid firms can be made by [clicking here](#). See the last three (3) pages of this application package for more information and firm disclosure forms.

Professional Privilege Tax

All architects, engineers and landscape architects registered in Tennessee with an active registration status as of June 1 in a given year are required by State law to pay to the Department of Revenue an annual professional privilege tax. This tax should not be paid at the time of application. If your application is approved, and your registration status is active on June 1, you will be billed for the tax by the Department of Revenue. [Click here](#) for additional information.

Pending Status

An application that lacks required information or reflects a failure to meet any requirement will be held in a “pending” status for five (5) years from the date of the application.

Review Procedure

When your application packet is complete, it will be circulated among the architect members of the Board for review. The review may take up to eight weeks.

Board Contact

If you have questions about any of this information or about your application, call Joyce Shrum, Architect Applications Coordinator, at 800-256-5758, 615-741-3221, or send an e-mail: joyce.shrum@tn.gov



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APPLICATION FOR REGISTRATION TO PRACTICE AS A PROFESSIONAL ARCHITECT

Type or print legibly

Full Name _____
Last First Middle Mr. Ms.

Social Security Number _____

Residence Address _____ City/State/Zip _____

Residence Phone No. _____

Business Affiliation _____

Business Address _____ City/State/Zip _____

Business Phone No. _____ Fax Number _____

E-mail Address _____

Address for Correspondence: Business Residence

Date of Birth _____ City/State _____

Citizen of (State/Foreign Country) _____ Can you speak and write English?

I am applying for registration by:

Examination

Have you completed the Intern Development Program?

Do you require special accommodations for the examination?

Comity (for applicants registered in another jurisdiction)

Reapplying (if previously registered in Tennessee)

Previous registration number _____ Expiration Date: _____

NCARB Certificate No. _____ Council Record holders are still required to complete the entire application.

Applicant's Full Name _____

If you have ever changed your name through marriage or action of a court or have ever been known by any other name, please list name(s) and date(s) of change _____

Have you passed a written NCARB exam?

If so, name state and year _____

In what states are you registered? _____

(please give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them.

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings? If yes, please provide additional documentation to the Board office.

If so, name state and year _____

Have you ever been convicted of a felony?

If so, name place and year _____

EDUCATIONAL BACKGROUND

Colleges, Universities,
Technical Schools

Dates of Attendance
(From-To)

Date of
Graduation

Degree
Received

Applicant's Full Name _____

EXPERIENCE

List each engagement *in chronological order beginning with first engagement*. Provide detailed information of progressive experience on architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Applicant's Full Name _____

EXPERIENCE

List each engagement in chronological order beginning with first engagement. Provide detailed information of progressive experience on architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Applicant's Full Name _____

EXPERIENCE

List each engagement in chronological order beginning with first engagement. Provide detailed information of progressive experience on architectural design projects to enable evaluation of your experience.

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	Years ----- Months		
	Years ----- Months		
	Years ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Applicant's Full Name _____

List names and complete addresses of five persons acquainted with your technical ability. Three references must be from registered architects. A maximum of three references may be from one employer. References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). References from relatives are not acceptable.

References	State of Registration	Employer, Past Employer, Client, etc.	Complete Address

APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as an architect and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

Signature

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____

Notary Public

My commission expires _____



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REFERENCE

THIS REQUEST LETTER IS TO BE COMPLETED BY THE APPLICANT

(Name and Address of Reference)

Re: _____
(Print or Type Name of Applicant)

Dear _____

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration to

practice architecture
 engineering
 landscape architecture

Please send the information requested on the reverse directly to the Board office. *If more space is needed, please do not write on the back; use a separate sheet of paper.*

(Signature of Applicant)

Board Statement to Reference:

This Board is required by law to obtain evidence of the good character and technical ability of applicants for registration as architects, engineers, and landscape architects. Statements by responsible individuals with personal knowledge of the applicant's character and qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an architect, engineer, or landscape architect, qualified to practice in Tennessee.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application.

THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.

(see page 2)

Applicant's name _____

To Be Completed By The Reference

THIS IS CONFIDENTIAL INFORMATION – FOR USE OF BOARD MEMBERS ONLY

1. How long have you known the applicant? From _____ to _____ inclusive

2. Are you in any way related to the applicant? _____ What relationship? _____

3. What has been your connection with the applicant? _____

4. If the applicant has worked for or with you, **give dates** and information pertaining to the duties performed and the character and quality of his/her work. Was the applicant actually in responsible charge of work and to what extent? *If more space is needed, please do not write on the back; use a separate sheet of paper.*

5. What is your opinion of the applicant's personal integrity and general character? _____

6. Please give your estimate of the applicant as an ___ architect ___ engineer ___ landscape architect.

7. To your knowledge, has the applicant ever been convicted of a felony? _____

8. Would you employ the applicant in a position of trust? _____

9. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change designs or specifications? _____

10. If the applicant is in individual practice, please indicate the nature of the practice _____

11. Do you recommend the applicant for registration? _____

12. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as an architect, engineer or landscape architect and after having carefully read the information given on the previous page.

a. My full name is _____
(to be typewritten or printed)

b. My present employer is _____

c. My title or position is _____

d. I am/am not a registered ___ architect
___ engineer
___ landscape architect in the State of _____ License No. _____

(Signature)

(Date)

(Address)



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<http://www.tn.gov/commerce/boards/ae>

AFFIDAVIT REGARDING EXPIRED LICENSE

I, _____, being duly sworn, and being employed by

testify that	I have practiced	architecture
	I have not practiced	engineering
		landscape architecture

in the State of Tennessee since my Tennessee certificate of registration, number _____
expired on _____. I agree that I will not practice or offer to practice the
profession checked above in Tennessee until I obtain a new certificate of registration to practice in
the State of Tennessee.

Signature of Applicant

State _____

County of _____

Sworn to and subscribed before me this _____ day of _____

My commission expires _____

Notary Public

IF YOU HAVE PRACTICED ON AN EXPIRED LICENSE, PLEASE EXPLAIN IN A SEPARATE LETTER TO THE BOARD.

A DECISION CANNOT BE MADE ON YOUR NEW APPLICATION UNLESS THIS AFFIDAVIT IS PROPERLY EXECUTED.



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_____, _____ to _____, _____

DATE(S) OF ACTIVITY	DESCRIPTION OF ACTIVITY (Title and instructor)	SPONSORING ORGANIZATION (Name and address)	NUMBER OF PDH'S EARNED	HOW MANY OF THE PDH'S REPORTED IN THE PREVIOUS COLUMN ARE IN HEALTH, SAFETY AND WELFARE ISSUES & TECHNICAL COMPETENCY?
TOTAL				

CERTIFICATION

I certify that I have completed continuing education requirements corresponding to the number of PDH's shown above for the period indicated. I understand that it is my responsibility to maintain records in support of these activities for four (4) years.

Signature: _____ **Date:** _____ **Profession AND Previous Registration No.:** _____

Printed Name: _____ **Certificate of Registration Expiration Date:** _____

Mailing Address _____



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CORPORATION, PARTNERSHIP, AND FIRM DISCLOSURE

LAW

The firm disclosure form is required of corporations, partnerships, and firms practicing or offering to practice architecture, engineering, and/or landscape architecture in the state of Tennessee in accordance with *Tennessee Code Annotated* (T.C.A.) Title 62, Chapter 2, Part 6, Sections 62-2-601 and 62-2-602. Firms offering only interior design services are not required to file a disclosure with the Board.

The firm must have one Tennessee registrant in responsible charge of the firm's Tennessee practice, even if the firm uses the plural form of "architect", "engineer", or "landscape architect". If the firm's name incorporates individuals' names in conjunction with the plural form of architect, engineer, or landscape architect (for example, Smith and Jones Architects), it is not necessary for each named person to be registered, so long as the firm name, taken as a whole, is not misleading to the public, and there is at least one Tennessee registrant at the firm.

The law can be accessed from our home page listed above.

FIRM DISCLOSURE

This form is for firm disclosure, not firm registration. No fee is required.

Only officers and principals who are employed full-time and hold active Tennessee registration can be in responsible charge of the firm's practice.

- A "principal" is considered to be an individual who has the authority to make independent design decisions. He/She is not required to be an officer in the firm.
- The person in responsible charge must be registered in the profession in which services are being offered.
- A person cannot be in responsible charge of more than one office.

TENNESSEE BRANCH OFFICE DISCLOSURE

The Tennessee branch office form (Attachment A) should only be completed if: 1) the out-of-state firm has branch offices in Tennessee, or 2) a Tennessee-based firm has more than one office in Tennessee.

- A branch office form ([Attachment A](#)) should be completed for each branch office (city or town) located in Tennessee from which professional design services are offered to the public.
- The registrant in responsible charge of a Tennessee branch office is not required to be an officer or principal.

Forms

The form(s) that follow these instructions may be filled out online. The forms must then be printed and signed. The completed form may be mailed or faxed to the Board address above, or submitted electronically to cynthia.toombs@tn.gov.

Please retain a completed copy for your records. Advise the Board, in writing, within sixty (60) days of any address change. Submit a new firm disclosure if reporting any other changes such as a firm/company name change, changes in registration status of principals or officers, changes in principals or officers who are designated to be in responsible charge, etc.

Board Contact

If you have any questions regarding the firm disclosure requirements, please contact Cindy Toombs, Firm Disclosure Coordinator, at the phone numbers listed above or by e-mail at cynthia.toombs@tn.gov

Updated April 2010



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Corporation, Partnership and Firm Disclosure

Required by *Tennessee Code Annotated, Section 62-2-601*

Each place of business providing or offering architectural, engineering, or landscape architectural services to the public in Tennessee must file a firm disclosure form.

A. Complete one form for each type of professional design service offered to the public in Tennessee.

Check one: Architecture Engineering Landscape Architecture

B. Check one: New Disclosure Update (give previous name, if different from current name):

C. Name of Firm _____

Doing business as _____

This firm is (please check one): A Business Corporation; A Professional Corporation; A Partnership;
A Sole Proprietorship; Other (please explain) _____

Address: _____

Telephone Number _____ Fax Number _____

Website Address (optional) _____ Firm's E-mail Address _____

D. Names, Titles, Addresses of all Officers and/or Principals. Include Tennessee registration numbers for those holding Tennessee registration. (Attach additional sheet if necessary)

E. I am the active, full-time Tennessee registrant who is an Officer and/or Principal in responsible charge of the firm's practice in Tennessee and who is registered to practice the profession indicated in section A.

Type or Print Name _____ Title _____ TN Registration Number _____

Office Address _____

Telephone Number _____ Fax Number _____ Registrant's E-Mail Address _____

Signature _____ Date _____

F. List any and each branch office (city or town) located in Tennessee from which professional design services are offered to the public. Attachment "A" must be completed for each location. _____

Please advise the Board office, in writing at the address above, within sixty (60) days of ANY changes in the above information.