



**14 Education**

Please print clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

Title of degree (in the original language): \_\_\_\_\_

Date degree awarded: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

Title of degree (in the original language): \_\_\_\_\_

Date degree awarded: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**15 Applicant Experience Record** (Attach additional sheets if necessary)

Full name and complete address of employer.  (Begin with first employment. Include any military service)	Dates of Employment  Give month and year  From - To	Total Time Employed		Check appropriate experiences		
		Full-Time  Yrs./Mo.	Part-Time*  Yrs./Mo.	General practice of Architecture	Teaching, structured research with report	Other - Explain**  (If you need additional space, add separate sheet(s) with name, date & note here)

\*If part time work is noted, state average number of hours per week.

\*\* If "other" kinds of work are noted, describe.

**16 Reasonable Testing Accommodations for Individuals with Disabilities**

I have been diagnosed as having a disability and require reasonable testing accommodations. Please check one:

- Please send the **Request for Reasonable Testing Accommodations form**. I understand that I will not be able to test until I submit the appropriate documentation and am approved to test with accommodations.
- I have already received a Request for Reasonable Testing Accommodations form from the Office of the Professions.
- I have already sent in my Request for Reasonable Accommodations Form and required supporting documentation to the Office of the Professions.

**17 Student Loan Disclosure**

The State Education Department is required\* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation, and to forward any "yes" responses to the New York State Higher Education Services Corporation. Your license application is not complete without this information.

- A) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation?  **Yes**  **No**
- B) If you have such a loan(s), is any part in default?  **Yes**  **No**

\*New York State Education Law, Section 6501-a

**18 Child Support Obligation**

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support\*. Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

- A.  I am not under an obligation to pay child support  
OR
- B.  I am under an obligation to pay child support and (please check only one of the following)
  - I am current and am not four months or more in arrears in the payment of child support; or,
  - I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
  - The child support obligation is the subject of a pending court proceeding; or,
  - I am receiving public assistance or supplemental security income; or,
  - None of the above four statements apply.

\* New York State General Obligations Law, section 3-503.

**19 Citizenship/Immigration Status:**

Federal Law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- |  |   |
|--|---|
| <input type="checkbox"/> A. A United States citizen or National.   | <input type="checkbox"/> F. An alien whose deportation is being withheld under Section 243 (h) of the Immigration and Nationality Act.  |
| <input type="checkbox"/> B. An alien lawfully admitted for permanent residence in the United States.   | <input type="checkbox"/> G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.  |
| <input type="checkbox"/> C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.  | <input type="checkbox"/> H. Non Immigrant (Temporarily in U.S.)<br>Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____ |
| <input type="checkbox"/> D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.   |   |
| <input type="checkbox"/> E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year. | <input type="checkbox"/> I. I do not reside in the United States.   |

If you checked any of the boxes from B-H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): \_\_\_\_\_

USCIS number

**QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.**

**20 Gender And Ethnicity: (This item is optional.)**

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

Gender:  Male  Female  
Ethnicity:  White (not Hispanic)  Black (not Hispanic)  Asian  Hispanic  Native American

**21** I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes  No Please initial: \_\_\_\_\_

**22 Photograph Requirement:**

**DO NOT STAPLE**  
  
**ATTACH SECURELY IN  
THIS SPACE A 2" X 2"  
PASSPORT STYLE  
PHOTOGRAPH TAKEN  
WITHIN THE PAST YEAR**

Date of photo: \_\_\_\_\_

**23 Affidavit With Acknowledgment (Notarization required.)**

**Applicant**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Notary**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Notary Stamp

**Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.**