

GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS

237 Coliseum Drive, Macon, Georgia 31217

Phone (404) 424-9966

<https://sos.ga.gov/board-architects-interior-designers>

APPLICATION FOR ARCHITECT REINSTATEMENT

Please read the instructions carefully and be familiar with the laws and rules governing the practice of a Registered Architect in the State of Georgia. Visit website for information.

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Application must be returned in a 9 X 12 envelope, unstapled and unfolded.

Reinstatement Fee: Reinstatement applications received during the same calendar year the license expired, the application fee will be \$150.00 + \$10.00 processing fee. If the reinstatement application is received after December 31st, the application fee will be \$150.00 + \$10.00 processing fee, plus the reinstatement fee will be \$250.00 per calendar year, or fraction thereof since the license lapsed. The Reinstatement Fee is in addition to the Application Fee and will not be pro-rated. **All fees are non-refundable.**

Continuing Education: Board rule 50-6-.03 (b) Evidence satisfactory to the Board, of completion of professional development specified as follows:

1. Twelve (12) professional development units for each year, or fraction thereof, since the last renewal of the certificate of registration or since the initial issuance of the certificate of registration, whichever is less, up to a maximum of forty-eight (48) units.
2. In order to be satisfactory, at least twenty-four (24) of the professional development units required for reinstatement must have been completed during the two (2) year period immediately preceding the date of application for reinstatement. At least sixteen (16) of these professional development units must be in Public Protection Subjects acquired in Structured Educational Activities.
3. The professional development units required for reinstatement, which are earned within twenty-four (24) months prior to the reinstatement of the certificate of registration, may not be counted towards fulfilling the professional development requirements to biennially renew that certificate of registration.

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For Board Use Only
Fee Paid _____
Date _____
Receipt # _____
Applicant # _____

Fees for Reinstatement Application:

Reinstatement (same calendar year license expired)	\$150 + \$10.00 processing fee
Reinstatement (1 st calendar year after expiration of license beginning on Jan 1)	\$150 + \$10.00 processing fee + \$250 reinstatement fee
Reinstatement (2 nd calendar year after expiration of license beginning on Jan 1)	\$150 + \$10.00 processing fee + \$500 reinstatement fee
Reinstatement (3rd calendar year after expiration of license beginning on Jan 1)	\$150 + \$10.00 processing fee + \$750 reinstatement fee
Reinstatement (4th calendar year and any additional years after expiration of license beginning on Jan 1)	\$150 + \$10.00 processing fee + \$1,000 reinstatement fee

NAME _____
First Middle Last

SOCIAL SECURITY NUMBER * _____ **DATE OF BIRTH** _____

*This information is authorized to be obtained & disclosed to State & Federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001

PHYSICAL ADDRESS _____
Number and Street (P. O. Box not acceptable) City State Zip Code

MAILING ADDRESS _____
(If different than address above) Street/P. O. Box City State Zip Code

DAYTIME TELEPHONE # _____

E-MAIL ADDRESS _____

Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue

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your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

LICENSE NUMBER _____ **DATE EXPIRED** _____

Since the date of last renewal of this license, have you been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere, or a plea under the "First Offender Act", or been sanctioned by this or another board or agency? DUI and DWI are not minor traffic offenses.

() **YES** () **NO** **(If YES, attach certified copy of conviction or plea)**

I certify that I have completed _____ hours of professional development for reinstatement of my license to practice as provided for in the enclosed copy of Chapter 50-6 of the Rules of the Board. I have attached evidence of completion of professional development to support this statement. Such evidence shall include evidence of completion of each course or program, a description of the contents of each course or program, and verification of the number of hours of each course or program; or, for other activities which meet the requirements, such documentation as to ascertain their completion. Certificates of Attendance and AIA transcripts are acceptable forms of evidence.

PROFESSIONAL ACTIVITIES SINCE LAST RENEWAL _____

REASON FOR FAILING TO RENEW _____

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APPLICATION FOR ARCHITECT REINSTATEMENT

AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Architects and Interior Designers, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document as indicated on pages 5 and 6 of the application.**

- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Architects and Interior Designers and/or criminal prosecution.

Signature of
Applicant

I certify that the above applicant this day produced the foregoing application to the Georgia State Board of Architects and Interior Designers to me.

Subscribed and sworn to before me

this _____ day of _____, _____.

Notary Public

SEAL

My Commission Expires _____

READ CAREFULLY

**GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS
PROFESSIONAL DEVELOPMENT UNIT (PDU) / CONTINUING EDUCATION UNIT (CEU) AUDIT REPORT**

For the Two-Year CEU Reporting Period Prior to the Renewal Deadline

**Health Safety Welfare (HSW); Learning Unit (LU) is a non- HSW unit
CERTIFICATES FOR HSW HOURS MUST SAY HSW OR WILL NOT BE ACCEPTED AS HSW**

PLEASE PRINT OR TYPE

Page of

Institute, Organization, Provider, or Agency Conducting Course PLEASE ORGANIZE CERTIFICATES AND LIST IN THE SAME CHRONOLOGICAL ORDER	Provider Number	Title of Course, Course Number and Description of Content <small>NCARB Terminology: Continuing Education Unit (CEU); Professional Development Units (POU); Continuing Education Hours (CEH); Health Safety and Welfare (HSW); Learning Unit (LU)</small>	Dates Attended	Public Protection Units or HSW*	Related Practice Units or LU*	Documentation Attached
Total Hours Claimed						

AFFIDAVIT

***NOTE: Units must be in either HSW or LU columns, but not in both columns**

I certify that the above is true and accurate information and I have attached required documentation.

_____ Signature of Registered Architect/
Interior Designer

Sworn to and subscribed before me this ____ day of ____ 20__

Notary Public _____

Printed/Typed Name of Registered Architect/ Interior Designer

NOTARY SEAL

License No. _____ Daytime Telephone No. _____
Email Address: _____

Please return form and documents to Georgia Board of Architects and Interior Designers by mail, email, or fax