

US/Australia/New Zealand Mutual Recognition Arrangement

Application Form - Australian Architect

This form is for Australian Architects wishing to become licensed in one of the [jurisdictions in the US](#) who are signatories to the Agreement.

Section 01

Personal Details

-
1. Title Dr Mr Mrs Miss Ms Other
2. Family name
3. Given name/s
4. Date of birth (DD/MM/YYYY)
5. Gender Male Female
6. Mailing address
-
7. Telephone number
8. Email
9. I am an Australian citizen **OR** Yes No
I have lawful residency status

Section 02

Tertiary Education in Architecture

10. Academic qualifications

Name of institution

Date of Graduation
(month/year)

Section 03

Registration

-
11. Initial registration Name of Architect
Registration Board Date of
admission
- Registration Number
12. Current registration Name of Architect
Registration Board Expiry Date
- Registration Number
13. Destination US State or Territory

Declaration of Professional Experience
 with respect to the
MUTUAL RECOGNITION ARRANGEMENT
 between the
NATIONAL COUNCIL OF ARCHITECTURAL REGISTRATION BOARDS
 and the
ARCHITECTS ACCREDITATION COUNCIL OF AUSTRALIA
 and the
NEW ZEALAND REGISTERED ARCHITECTS BOARD

I, _____ declare and affirm that:
(Name, Architects Registration Number and Address)

I am a citizen or hold permanent residency status in Australia.

I am a registered architect, and currently a registrant in good standing with the [include name of State or Territory Architect Registration Board]

I was registered on _____ with the _____
(Date) (Name of Architect Registration Board)

I have completed a minimum of 6,000 hours of post-registration experience as an architect engaged in the lawful practice of architecture in Australia;

I meet all of the eligibility requirements of the Mutual Recognition Arrangement for reciprocal licensing between the National Council of Architect Registration Boards, the Architects Accreditation Council of Australia and the New Zealand Registered Architects Board

I understand that upon licensure/registration, I must comply with all practice requirements of the host jurisdiction and will be subject to all governing legislation and regulations of the host jurisdiction.

Check one

NO I have/had a disciplinary action registered against me by a licensing authority.

YES If yes, submit the summary findings and official action of the licensing authority, as well as any further explanation necessary with this form.

The host licensing authority has the right to request further details with respect to all disciplinary actions.

I affirm that the above statements are accurate and true to the best of my knowledge and belief.

Name of Architect

Signature Date

Section 05

Applicant's Checklist

- The information I have supplied on this form and any additional pages and supporting documentation is complete, correct and up-to-date;
- I undertake to inform the Architects Accreditation Council of Australia (ACA) of any changes to my circumstances (eg address or other contact details) while my application is being considered;
- I understand that the ACA will transmit the relevant documentation to NCARB enabling me to apply for an NCARB Certificate which allows application to the Architect Registration Boards in the US that are signatories to the Mutual Recognition Arrangement.

Use the following checklist to ensure that all requirements have been met:

ACA reserves the right to contact educational and governmental institutions and agencies for additional information and/or verification of the authenticity of the documents submitted in this application.

- Certified copy of passport or relevant visa
- Signed Declaration of Professional Practice
- Payment of \$150 fee

Section 06

Payment

Application fee: AUD \$150

Applicants are required to make full payment with the application.

The ACA's preferred method of payment is funds transfer from an Australian bank account.

The ACA's bank account details are:

Account Name:	ACA
BSB Number:	032-727
Account Number:	13-2465

Enter the family name and date of birth in the description field when completing a bank transfer. A copy of the transaction receipt must be included with the application.

Section 07

Lodgement

Email your completed application form, supporting documentation and application fee to:

Architects Accreditation Council of Australia (ACA)

mail@aca.org.au

Questions?

Contact us



mail@aca.org.au



www.aca.org.au



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