**ALABAMA BOARD FOR REGISTRATION OF ARCHITECTS**
**770 WASHINGTON AVENUE, SUITE 150**
**MONTGOMERY, AL 36130-4450 (Overnight Mail Zip-36104)**
**(334) 242-4179**
**HTTP://WWW.BOA.ALABAMA.GOV**

**FOR BOARD USE ONLY:**

| Date | Receipt Number | Amount |
|---|---|---|
| | | |

# ARCHITECT REGISTRATION RENEWAL NOTICE
# OCTOBER 1, 2011 TO SEPTEMBER 30, 2012

**TYPE ARCHITECT'S NAME, FIRM, AND FULL ADDRESS:**

NAME:

FIRM NAME:

ADDRESS:

CITY, STATE, ZIP CODE

REGISTRATION NO._____

SOCIAL SECURITY NO: (REQUIRED) _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

In order to continue your architect registration in the state of Alabama, you must complete both pages; sign, date, and return them with your check for renewal **NO LATER THAN SEPTEMBER 30, 2011 to avoid the late penalty. Please do not submit your renewal form without a check unless you are an Emeritus Architect.**

**ARCHITECT RENEWAL FEES**

Renewal Fees for Alabama-registered architects are as follows:

| | |
|---|---|
| Architects | $135.00 (MAKE ALL CHECKS PAYABLE TO: ALABAMA BOARD OF ARCHITECTS) |
| Late Penalty | $ 75.00 **(postmarked after 9/30/11)** |
| Emeritus Architect | $ 0.00 |

**MARK STATEMENTS WITH AN "X" ON ALL THAT APPLY:**

_____ I certify and affirm that I have read and understand the Registration Laws of Alabama and that I have complied with the Continuing Education requirements for the period preceding this renewal.

_____ I am exempt from continuing education requirements for the following reason:
__ Emeritus Architect __ First-Time Registrant __ Personal Hardship (attach approval letter) __ Military (attach orders)

_____ I certify and affirm that I have participated in the continuing education activities listed on page 2, which are true and accurate records of CEHs earned during the period from October 1, 2010 to September 30, 2011 (or through date of submittal).

_____ I certify and affirm that in lieu of the above, I have met the current continuing education requirements of **my RESIDENT STATE** for my current registration in that state. **Please attach a copy of your wallet card, letter of good standing, or certificate if you reside in one of the following states:** (AK, AR, ID, IA, KS, KY, LA, MA, MS, MO, NE, NM, NC, OH, OK, RI, SC, SD, TN, VA, VT, WV, WY)

Jurisdiction:_____Registration Number:_____

**ANSWER ALL QUESTIONS BELOW:**

☐Yes ☐No Have you been charged, arrested, convicted, found guilty or pleaded "nolo contendre" to any criminal offense since the filing of your last renewal application (excluding misdemeanor traffic infractions)? If YES, submit details.

☐Yes ☐No Have you been investigated, charged, or disciplined since the filing of your last renewal application? If YES, submit details.

☐Yes ☐No Are you currently under investigation by a governing or licensing board or by a state or federal agency? If YES, submit details.

**Signature:**_____**Date:**_____

**STATE OF ALABAMA**
**CONTINUING EDUCATION ANNUAL REPORT FORM**

**Instructions:** List all activities in which you participated that can be used for continuing education credit. Use as many blocks as required. You may duplicate this form if necessary. It is important that enough detail is given to justify the credit claimed and its relationship to the practice of architecture. **NOTE: GRAND TOTAL OF ALL HOURS REPORTED MUST EQUAL AT LEAST TWELVE HOURS.**

**STRUCTURED ACTIVITIES (8 CEH Minimum)**

| DATE(S) | DESCRIPTION/TITLE | INSTRUCTOR/SPONSOR/LOCATION | **RELEVANT** 8 CEH MIN. |
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| **TOTAL** | | | |

**SELF-DIRECTED ACTIVITIES (4 CEH Maximum)**

| DATE(S) | DESCRIPTION/TITLE | INSTRUCTOR/SPONSOR/LOCATION | **RELEVANT** 4 CEH MAX. |
|---|---|---|---|
| | | | |
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| | | | |
| TOTAL | | | |