

**193B—2.8(544A) Reinstatement from inactive status or retired status to active status.**

**2.8(1)** An individual may reinstate an inactive registration or retired registration to active registration as follows:

a. Pay the current active registration fee. If reinstating to active status at a date that is less than 12 months from the next biennial renewal date, one-half of the current active registration fee shall be paid.

b. Submit documented evidence of completion of 24 contact hours (16 contact hours in public protection subjects) of continuing education in compliance with requirements in [193B—Chapter 3](#). The hours used to reinstate to active status cannot again be used to renew.

(1) At the first biennial renewal date of July 1 that is less than 12 months from the date of the filing of the application to restore the certificate of registration to active status, the person shall not be required to report continuing education.

(2) At the first biennial renewal date of July 1 which is more than 12 months, but less than 24 months, from the date of the filing of the application to restore the certificate of registration to active status, the person shall report 12 hours of previously unreported continuing education.

**2.8(2)** An individual shall not be allowed to reinstate to inactive status from retired status.

**FORM TO COMPLETE FOLLOWS**

# IOWA APPLICATION FOR ARCHITECT REGISTRATION CHANGE IN STATUS

**Inactive Status to Active Status**

**Retired Status to Active Status**

**Fee: \$200 to next June 30, renewal date**

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ IOWA REGISTRATION NO. \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_ SUFFIX: \_\_\_\_\_

Home Address: \_\_\_\_\_ preferred

Business Address: \_\_\_\_\_ preferred

Address:

Firm Name

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address:

Email:

Address 2:

Daytime Phone:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If any answer to any of the following questions is "yes," please attach a detailed explanatory statement.

1. Have you or any agent of your firm practiced, or solicited architectural work or represented yourself as an architect in this State during the period of "inactive" or "retired" status?

Yes  No

2. Have you been disciplined by any occupational licensing board?

Yes  No

3. Are you currently under investigation by any occupational licensing board?

Yes  No

4. Has your registration been denied, suspended or revoked in any jurisdiction?

Yes  No

5. Have you surrendered or allowed a registration to lapse in any jurisdiction due to any action pending or threatened?  Yes  No

6. Have you signed any legal document that settles a dispute or charges against you brought by any Registration Board or a Court of Law?  Yes  No

7. Have you been found by a Court or Registration Board to have violated the architectural registration laws or the professional/occupational laws of any jurisdiction?  Yes  No

8. Have you entered into a negotiated settlement with regard to professional or occupational registration laws?  Yes  No

9. Have you ever been convicted of a felony, any crime involving moral turpitude, a misdemeanor involving fraud, deceit or misrepresentation or been convicted of any crime other than a minor traffic violation in any jurisdiction?  Yes  No (If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

10. Are there any felony/criminal charges now pending against you?  Yes  No

**CONTINUING EDUCATION REPORTING FORM**  
**Complete form or attach AIA transcript covering the appropriate reporting period**

**PUBLIC PROTECTION HOURS** (Course related to protecting the health, safety and welfare of the public):

DATE(S)	TITLE/DESCRIPTION	SPONSORING ORGANIZATION & LOCATION	HOURS CLAIMED

**PRACTICE-RELATED SUBJECT HOURS**

DATE(S)	TITLE/DESCRIPTION	SPONSORING ORGANIZATION & LOCATION	HOURS CLAIMED

Total **PUBLIC SAFETY** hours \_\_\_\_\_

Total **PRACTICE-RELATED** hours \_\_\_\_\_

Total hours reported \_\_\_\_\_

**NON-RESIDENTS** who have a mandatory continuing education requirement may complete and sign the following affidavit in lieu of completing or attaching a continuing education report:

**OUT OF STATE AFFIDAVIT**

A person registered to practice architecture in this state shall be deemed to have complied with the continuing education requirement of this state during the periods that the person is a resident of another state or district which has a mandatory continuing education requirement for architects and the individual meets all requirements of that state or district for practice therein. I, \_\_\_\_\_, hereby certify that I hold a current registration to practice architecture in my state of residence, which is \_\_\_\_\_. My resident state has a mandatory continuing education requirement and I maintained the required number of hours to sustain an active registration during the period LAPSED registration in Iowa.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

CHANGE IN STATUS

METHOD OF PAYMENT \$200

Payment enclosed, check/money order payable to STATE OF IOWA

Amount to be charged:

Charge to:  MasterCard  Visa  Discover

\_\_\_\_\_

Card Number

\_\_\_\_/\_\_\_\_/\_\_\_\_

Card Expiration Date

\_\_\_\_\_

Name of Cardholder

\_\_\_\_\_

Signature of Cardholder

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.