FEDERAL PROFESSIONAL QUALIFICATIONS DOCUMENTATION FOR <u>ARCHITECTURAL HISTORY</u>

Name:												
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City:						State:			Z	Zip Cod	le:	
Website	e:					Email	:					
Telephone:						Fax: _						
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B.			degrees ir training to					ral histo	ry. Brief	ly expla	ain the re	elevance

C.	List any bachelor's degree in architectural history, art history, historic preservation, or a closely related field. Include degree, field, year, and institution. For any degree in a field other than architectural history, briefly discuss the relevance of your undergraduate training to the study of architectural history.
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D.	 Those without a graduate degree in architectural history, art history, historic preservation, or closely related field must demonstrate at least two years of full-time experience in architectural history or substantial contributions to scholarly research and publication in history. 1. List your experience in architectural history or restoration architecture, including employer, date employed, title, nature of work, and length of experience converted to full-time months. Acceptable experience includes, but is not limited to research, writing, teaching, within an academic institution, historical organization or agency, museum, or other professional institution.
	2. List scholarly research, publications, and reports in the field of American architectural history. If research listed here has not resulted in a report or publication, describe the use to which the results were applied. Attach separate sheet, if necessary.

ALL APPLICANTS

standards.

В.	Attach a current resume to this completed form.
C.	The information submitted on this form and associated attachments is accurate to the best of your knowledge.
D.	By submitting this form you agree that for work in all program areas of the State Historic Preservation Office to follow State Historic Preservation Office guidance and processes regarding research, scholarship, presentation of prepared documents, and accepted methods for citing and quoting another's work, published sources, and copyrighted material. You pledge to carry out work in an ethical and professional manner. You understand that failure to abide by this pledge may result in removal of your name from the Consultants' List.
	Name:Date:
	Signature:
Sul	bmission Process:
1.	Submit your documentation to the State Historic Preservation Office, Ohio History Connection, 800 E. 17 th Avenue, Columbus, Ohio 43211-2474.
2.	The State Historic Preservation Office will review your documentation and provide you with our opinion as to whether your qualifications meet the standards established by the National Park Service.
3.	If you would like to be included on the State Historic Preservation Office online list of qualified consultants include your \$60.00 annual subscription fee. Subscription to the Consultants List is on a state fiscal year basis, July-June. Method of Payment:
	☐ Check enclosed payable to "Ohio History Connection"
	□ Purchase Order Number:
	□ Visa □ American Express □ Master Card □ Discover
	Card Number:
	Expiration Date:CID#
	Name on Card:
	Cardholder Signature:
4.	If your qualifications meet the standards, the fee will be processed. If we find that you do not meet the standards, your fee will be returned with an explanation as to why your qualifications do not meet the

A. Attach a statement with any other information or explanations which you would like to have considered.

Contact the State Historic Preservation Office with questions at the address above, by calling (614) 298-2000, or by E-mail: shpo@ohiohistory.org.