

FEDERAL PROFESSIONAL QUALIFICATIONS
DOCUMENTATION FOR ARCHITECTURE

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____ Email: _____

Telephone: _____ Fax: _____

I would like to be included on the Ohio Historic Preservation Office list of qualified consultants.

I would like my qualifications to be reviewed, and status determined, but I do not wish to be included on the consultants list.

The following information is requested to document professional qualifications meeting or exceeding the requirements of the federal government, as stated in "Archaeology and Historic Preservation: Secretary of the Interior's Standards and Guidelines," *Federal Register*, Vol. 48, No. 190-September 29, 1983, Pt. IV.

The minimum professional qualifications in architecture are a professional degree in architecture plus at least two years of full-time experience in architecture; or a state license to practice architecture.

A. List professional degrees in architecture. Include degree, year, institution and area of specialization.

B. List your experience in architecture, including employer, dates employed, title, nature of work, and length of experience converted to full-time months.

C. State License to practice architecture? ____ Yes ____ No State _____
Effective date of license _____
Do you have LEED certification? ____ Yes ____ No
LEED Credential Type: Specialty _____ Area _____

ALL APPLICANTS

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

Submission Process:

- 1. Submit your documentation to the State Historic Preservation Office, Ohio History Connection, 800 E. 17th 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 standards.

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