

FEDERAL PROFESSIONAL QUALIFICATIONS DOCUMENTATION FOR <u>HISTORIC ARCHITECTURE</u>

Date: _		<u></u>					
Name:							
Organi	izatio	on:					
Addres	ss:						
City:		Stat	e:	Zip Code:			
Websit	e:	Ema	il:				
Telephone:		: Mol	ile:				
require	emer	ing information is requested to document profess nts of the federal government, as stated in "Archae ''s Standards and Guidelines," <i>Federal Register</i> , Vo	ology and Historic Pres	servation: Secretary of			
		um professional qualifications in architecture are practice architecture, plus one of the following:	a professional degree ir	n architecture or a state			
	1.	least one year of graduate study in architectural preservation, American architectural history, eservation planning or a closely related field; or					
	2.	At least one year of full-time professional experience shall include detail of historic structures research reports, and preparticularly.	ed investigation of histo	oric structures, preparation			
Α.	Lis	t professional degree in architecture. Include degi	ee, year, institution and	area of specialization.			

B.	State license to practice architecture?	_ Yes	No	State			
	Effective date of license						
	Do you have LEED certification?		Yes	No			
	LEED Credential Type: Specialty		Area				
C.	List any graduate study in architectural prese planning or a closely related field. Include le						
D.	List any full-time professional experience on preservation or restoration projects. Experience on preservation and restoration projects shall include detailed investigation of historic structures, preparation of historic structures research reports and preparation of plans and specifications for preservation projects. Include employer, dates employed, project, nature of work, and length of experience converted to full-time months.						

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 are 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 by email: shpo@ohiohistory.org
- 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. Our office reviews applications on a monthly basis. **Deadline for the monthly review is the second Thursday of the month.** Applications received after that date will not be reviewed until the following month.
- 4. You will receive a notification email for payment after review. The annual subscription fee is \$75. Subscription to the Consultant List is on a state fiscal year (July 1st June 30th). You will recieve a renewal notification email each year in June for the upcoming state fiscal year.

Contact the State Historic Preservation Office with questions at shpo@ohiohistory.org.