



PROCESSO	-
INTERESSADO	CAU/SP - Comissão de Relações Internacionais
ASSUNTO	Formulário de registro do <i>National Council of Architectural Registration Boards</i> - Conselho Nacional dos Colegiados de Registro de Arquitetos (NCARB)

**DELIBERAÇÃO Nº 034/2016 – CRI-CAU/BR**

A COMISSÃO DE RELAÇÕES INTERNACIONAIS – CRI-CAU/BR, reunida ordinariamente em Brasília-DF, na sede do CAU/BR, no dia 5 de outubro de 2016, após análise do assunto em epígrafe, e

Considerando o e-mail do CAU/SP, recebido em 27 de setembro pela assessoria da comissão, que solicita orientações para o preenchimento do formulário de registro do *National Council of Architectural Registration Boards* - Conselho Nacional dos Colegiados de Registro de Arquitetos (NCARB), anexo a esta deliberação;

Considerando que a entidade estadunidense solicita que o documento seja preenchido pela autoridade credenciadora do país de origem, e não aceita que ele seja entregue pelo próprio interessado;

Considerando o relatório e voto do conselheiro Fernando Diniz Moreira;

**DELIBEROU:**

- 1 – Aprovar o manual anexo de preenchimento do formulário do NCARB;
- 2 – Solicitar à Presidência do CAU/BR o seu envio aos CAU/UFs, pedindo que seja dado um retorno acerca da quantidade de solicitações recebidas, para que a CRI-CAU/BR avalie a viabilidade e pertinência da automação do documento no SICCAU.

Brasília – DF, 5 de outubro de 2016.

**FERNANDO DINIZ MOREIRA**  
Coordenador  
**JOSÉ ROBERTO GERALDINE JR.**  
Coordenador Adjunto  
**ANDERSON FIORETI DE MENEZES**  
Membro  
**FERNANDO MÁRCIO DE OLIVEIRA**  
Membro  
**PEDRO DA LUZ MOREIRA**  
Membro



NCARB

**FOREIGN ARCHITECT CERTIFICATION  
Credential Verification Form**

Please complete the following form to verify the applicant's credentials in your country. Documentation of their credentials as an architect must be submitted by the credentialing authority and must answer all of the following questions. Submission of this form from applicants will not be accepted. Information submitted must be in English.

**A. Applicant Information**

The applicant is required to complete part A and request that the credentialing authority complete part B and submit the original completed form to NCARB. Submission of this form from applicants will not be accepted.

Name: (Last, First) \_\_\_\_\_ NCARB Record No. \_\_\_\_\_

Country in which credentialed: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Credentialing Authority**

The credentialing authority in the country in which the applicant is registered as an architect is required to complete part B to verify the applicant's current registration status. The credentialing authority is required to submit the original completed form to NCARB.

1. Name and description of the profession in which the above applicant is credentialed

\_\_\_\_\_

2. Scope of services that the credential legally allows the applicant to provide, including any restrictions to services for specific building types, construction systems, etc.

\_\_\_\_\_

3. Classification and/or rank of the credential, or if none, confirmation that no classifications and/or ranks exist

\_\_\_\_\_

4. Date of initial credential: \_\_\_\_\_  
month day year

5. Date of credential's expiration: \_\_\_\_\_  no expiration date  
month day year

6. Current status of credential:  
 Active and in good standing  Inactive  Lapsed  Revoked  Other \_\_\_\_\_

7. Record of disciplinary action against applicant's credential and the current status, or if none, confirmation that no disciplinary record exists

\_\_\_\_\_

8. Geographic area in which the credential is valid: \_\_\_\_\_

9. Name and contact information for the person responsible for the credentialing authority: \_\_\_\_\_

Please submit this form to the following address: NCARB  
Experience + Education  
Directorate/ Foreign Architect  
Certification 1801 K Street NW,  
Suite 700K Washington, DC 20006  
USA

Or email to:  
foreignarchitect@ncarb.org.

*[Handwritten signature]*

**FOREIGN ARCHITECT CERTIFICATION - Credential Verification Form**

Manual para o preenchimento do Formulário de Inscrição do *National Council of Architectural Registration Boards* - Conselho Nacional dos Colegiados de Registro de Arquitetos (NCARB)

**1. NAME AND DESCRIPTION OF THE PROFESSION IN WHICH THE ABOVE APPLICANT IS CREDENTIALLED:**

Inserir o seguinte texto:

Architect and Urbanist - Uniprofessional category of generalist background, whose activities, attributions and fields of action are described in Brazilian Law No. 12,378 of December 31<sup>st</sup>, 2010.

**2. SCOPE OF SERVICES THAT THE CREDENTIAL LEGALLY ALLOWS THE APPLICANT TO PROVIDE, INCLUDING ANY RESTRICTIONS TO SERVICES FOR SPECIFIC BUILDING TYPES, CONSTRUCTION SYSTEMS, ETC.:**

Inserir o seguinte texto:

The activities and attributions of architects and urbanists consist of: supervision, coordination, management and technical consultancy; data survey, study, planning, project and specification of materials; technical and environmental viability; technical assistance, assessing and consultancy; supervision of building works and technical services; technical inspection, expertise, evaluation, monitoring, reports, audits and arbitrages; occupation of technical positions or posts; training, teaching, and academic research and extension; development, analysis, experiments, tests, standardization, measuring and quality control; quotations; specialized technical production and distribution; execution, inspection and supervision of construction, fixtures and technical services.

The mentioned activities may refer to the following fields: architecture and urbanism; interior design; landscape architecture; historical, cultural and artistic heritage; urban and regional planning; topography; technology and strength of materials; construction and structural systems; fixtures and equipment related to architecture and urbanism; environmental comfort and sustainable development.

Se o interessado possuir especialização em Engenharia de Segurança do Trabalho, acrescentar, no final:

Applicant also credentialed to provide services related to health and safety at work.

Se o interessado **NÃO** possuir especialização em Engenharia de Segurança do Trabalho, acrescentar, no final:

Restriction to services: Applicant **NOT** credentialed to provide services related to health and safety at work.

**3. CLASSIFICATION AND/OR RANK OF THE CREDENTIAL, OR IF NONE, CONFIRMATION THAT NO CLASSIFICATIONS AND/OR RANKS EXIST:**

Inserir o seguinte texto:

The only distinction among licensed professionals is the title of "Architect and Urbanist - Specialist in Health and Safety Engineering", which allows the architect and urbanist to provide services related to health and safety at work. If the professional does not possess this additional credential, he/she is only entitled: "Architect and Urbanist".



Se o interessado possuir especialização em Engenharia de Segurança do Trabalho, acrescentar, no final:

Applicant title: Architect and Urbanist - Specialist in Health and Safety Engineering.

Se o interessado **NÃO** possuir especialização em Engenharia de Segurança do Trabalho, acrescentar, no final:

Applicant title: Architect and Urbanist.

#### 4. DATE OF INITIAL CREDENTIAL:

Inserir data inicial do registro definitivo ou provisório no formato MÊS-DIA-ANO.

#### 5. DATE OF CREDENTIAL'S EXPIRATION:

Se o requerente tiver registro provisório ou registro definitivo vinculado à data de seu Registro Nacional de Estrangeiro - RNE (estrangeiro com visto permanente), inserir a data fim no formato MÊS-DIA-ANO.

Se o requerente tiver registro definitivo por tempo indeterminado, marcar a caixa ao lado de "no expiration date".

#### 6. CURRENT STATUS OF CREDENTIAL:

Se o registro do requerente estiver **ativo**, marcar "Active and in good standing"

Se o registro do requerente estiver **inativo**, marcar "Inactive"

Se o registro do requerente estiver **interrompido**, marcar "lapsed"

Se o registro do requerente estiver **cancelado ou desligado**, marcar "revoked"

Se o registro do requerente estiver **suspensão**, marcar "other" e escrever ao lado "suspended"

#### 7. RECORD OF DISCIPLINARY ACTION AGAINST APPLICANT'S CREDENTIAL AND THE CURRENT STATUS, OR IF NONE, CONFIRMATION THAT NO DISCIPLINARY RECORD EXISTS:

Até que a funcionalidade de geração automática da certidão negativa de antecedentes ético-disciplinares seja ativada: solicitar ao CAU/BR a informação, especificando a finalidade do requerimento.

Após a ativação da funcionalidade (em fase final de implantação): incluir no campo do formulário o seguinte texto: "See attached certificate" e orientar o interessado a anexar a certidão e respectiva tradução juramentada.

#### 8. GEOGRAPHIC AREA IN WHICH THE CREDENTIAL IS VALID:

Inserir o seguinte texto:

All of Brazilian territories. For temporary services, all of Southern Common Market (MERCOSUR) territories.

#### 9. NAME AND CONTACT INFORMATION FOR THE PERSON RESPONSIBLE FOR THE CREDENTIALING AUTHORITY

Inserir nome completo e contato do Presidente do respectivo CAU/UF.