



Arnold Schwarzenegger
GOVERNOR

CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION

COURSEWORK PROVIDER DOCUMENTATION FOR LICENSE RENEWAL

Senate Bill (SB) 1608 (Chapter 549, Statutes of 2008) requires that all California architects complete coursework on disabled access requirements and provide documentation from the course provider to the California Architects Board (Board) as a condition of license renewal. This form may be submitted with the renewal application to ease in reporting the provider documentation and is available on the Board's Web site (www.cab.ca.gov) or via The American Institute of Architects' (AIA) chapter offices. Other documentation containing the required information below will also be accepted with the renewal application in lieu of this reporting form.

Basic Requirements - SB 1608 requires that architects, as part of the license renewal requirements: 1) certify on the license renewal application that s/he has completed the required coursework; and 2) provide the Board with documentation from the course provider as indicated below.

Coursework Requirements - The coursework must include information and practical guidance concerning the requirements imposed by the Americans with Disabilities Act of 1990 (Public Law 101-336; 42 U.S.C. Sec. 12101 et seq.), state laws that govern access to public facilities, and federal and state regulations adopted pursuant to those laws. The coursework must also be presented by trainers or educators with knowledge and expertise in disabled access requirements. The Board is not required to approve course providers or courses and does not do so. Coursework on disabled access requirements is available from a variety of sources, such as AIA chapters and local building departments. AIA's list of providers is available on the Internet (www.aia.org/ces_cesdirectories).

Architect's Name: _____

Architect's License #: C-_____ **Architect's Telephone #:** (____) _____

Course Title: _____

Subjects Covered in Course: _____

Name of Course Provider: _____

Name of Course Trainer or Educator: _____

Course Trainer/Educator's Telephone #: (____) _____

Date Course Completed: ____/____/____ **Number of Course Hours Completed:** _____

Trainer/Educator's Knowledge & Experience Background (*use reverse if more space needed*):
