

STATE BOARD OF LANDSCAPE ARCHITECTS

P.O. Box 2649
Harrisburg, PA 17105-2649

Telephone: (717) 772-8528
Website: www.dos.pa.gov/land
E-Mail: st-landscape@.pa.gov

Courier Address:
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR LICENSURE BY RECIPROCITY

1. REQUIREMENTS (A or B):

- A.** Hold an unexpired license from another state, territory, or foreign country (*Requirements and qualifications to engage in the practice of landscape architecture were at the time of initial issuance of a license or certificate of registration at least equal to the standards of this Commonwealth*); OR
- B.** Must have passed the LARE or UNE; and at least any one of the following:
- i. Have a graduate or undergraduate degree in landscape architecture from an approved institution or college (Ref: 49 PA Code §15.1. Definitions) **AND** possess 2 years of practical experience in landscape architecture of a grade and character satisfactory to the Board.
 - ii. Have at least 2 years practical experience in landscape architecture of a grade and character satisfactory to the Board **AND** completed educational study in landscape architecture from an approved institution or college (Ref: 49 PA Code §15.1. Definitions) **AND** possess sufficient additional acceptable experience of at least 6 years of combined education and experience.
 - iii. Have at least 8 years of actual, practical experience in landscape architectural work of a grade and character satisfactory to the Board.

2. APPLICATION CHECKLIST

A. CLARB Council Record candidates:

- Complete pages 1 and 2 of the application.
- FEE: \$45.00 NON-REFUNDABLE APPLICATION FEE.** Submit a check or money order made payable to the "Commonwealth of PA" for the application fee.
- Request CLARB provide your Council Record to the Pennsylvania State Board of Landscape Architects. **Please note: Your Council Record MUST provide the Board with ALL of the following documentation:**
 - i. An official transcript(s) of your landscape architect education from a college or school of landscape architecture approved by the Board.
 - ii. Have no less than 3 design professional references. **At least 2 references MUST be landscape architects licensed by the Pennsylvania Board. If your references are not licensed in Pennsylvania and there are no Pennsylvania-**

licensed landscape architects familiar with your work, the Verification of Out-of-State References form provided with this application must be completed.

- iii. At least 2 years, full-time, practical experience in landscape architecture of a grade and character satisfactory to the Board.
- iv. Verification of Licensure/Examination in any other state, territory, or foreign country.

NOTE: Applicants submitting a CLARB Council Record DO NOT have to complete page 3 of this application or Attachment "A" or separate Reference Information Forms, **IF THE INFORMATION IS CONTAINED IN YOUR CLARB COUNCIL RECORD.**

B. Applicants without a CLARB Council Record:

- Complete pages 1, 2 and 3 of the application.
- FEE: \$45.00 NON-REFUNDABLE APPLICATION FEE.** Submit a check or money order made payable to the "Commonwealth of PA" for the application fee.
- Have an official transcript(s) of your landscape architect education mailed directly from the college/university that issued your degree(s) to the Board office.
- Request Verification of Licensure/Examination in any other state, territory, or foreign country to be mailed directly to the Board office.
- Have no less than 3 design professional references. References must complete the "Reference Information Form" and submit the completed form directly to the Board office. **At least 2 references MUST be landscape architects licensed by the Pennsylvania Board. If your references are not licensed in Pennsylvania and there are no Pennsylvania-licensed landscape architects familiar with your work, the Verification of Out-of-State References form provided with this application must be completed**
- Request each employer listed on the application to complete a Verification of Employment form and return the completed form directly to the Board office.

3. APPLICATION INFORMATION

If you wish to ensure receipt of your application/materials, send them "*Certified Mail-Return Receipt*" to the courier address. The Board office cannot verify receipt of mail.

Maintain a copy of your completed application for your records.

Allow 4-6 weeks for the processing of your application. Do NOT contact the Board office prior to the 6-week time period regarding the status of your application.

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

You may duplicate the Verification of Employment form, the Reference Information form, and the Verification of Examination/Licensure form as needed.

STATE BOARD OF LANDSCAPE ARCHITECTS

Mailing Address:
P.O. Box 2649
Harrisburg, PA 17105-2649
Telephone: (717) 772-8528

Courier Address:
One Penn Center
2601 North Third Street
Harrisburg, PA 17110

E-Mail: st-landscape@pa.gov
Website: www.dos.pa.gov/land

PENNSYLVANIA STATE BOARD OF LANDSCAPE ARCHITECTS APPLICATION FOR LICENSURE BY RECIPROCITY

FEE: \$45.00 NON-REFUNDABLE APPLICATION FEE. Check or Money Order made payable to "Commonwealth of Pennsylvania." A processing fee of \$20.00 will be charged for any payment returned unpaid, regardless of the reason for non-payment.

BLACK INK ONLY

--	--	--	--

Last Name

First Name

Middle Name

--	--

Maiden Name (if applicable)

--	--

Mailing Address

Apartment Number

--	--	--	--

City

State

Zip Code

+ 4

--

E-Mail Address

--	--	--	--	--	--	--	--	--	--

Social Security Number

Date of Birth

Daytime Telephone Number

May we contact you about this application at this e-mail address?

YES NO

Answer the following questions:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Were you initially licensed without having taken the LARE or the UNE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you be submitting a CLARB council record? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you self-employed? | <input type="checkbox"/> | <input type="checkbox"/> |

If "yes" to 3, above, the following business information is MANDATORY:

--

Business Name

--

Street Address

--	--	--	--

City

State

Zip Code

Plus 4

LEGAL QUESTIONS

If you answered "yes" to any criminal or disciplinary question, provide a full written explanation AND a certified copy of any and all relevant Board, court and/or legal documents, including the criminal complaint, charging documents, documentation of the final disposition and sentence imposed, as well as documentation of your successful completion of any and all of the sentencing requirements that may have been imposed.

	YES	NO
1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
2. If you answered yes to the above question, please provide the profession and state or jurisdiction.		
3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
6. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felon or misdemeanor, including any drug law violations? Note: you are not required to disclose any ARD or other criminal matter that has been expunged by order of the court.		
7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant

Date

Print Name

In order to comply with federal law, the State Board of is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is **mandatory** in order for this Board to comply with the requirements of the federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

THIS PAGE IS NOT REQUIRED IF THE FOLLOWING INFORMATION IS CONTAINED IN YOUR CLARB COUNCIL RECORD.

Education (If additional space is required, submit on a 8-1/2" x 11" sheet of paper)			
School Name and Address	Dates Attended	Degree Awarded	Graduation Date
1.			
2.			
3.			
References (See "Reference Information" on Instruction Page)			
List three references – Name, State, Professional License Number and Telephone Number			
Name	State in Which Licensed	License #	Telephone #
1.			
2.			
3.			
Experience (If additional space is required, submit on a 8½" x 11" sheet of paper)			
Employer Name	Dates Employed	Full / Part Time	Total Months
1.			
2.			
3.			
4.			
5.			

Verification of Employment - Attachment "A"

(duplicate form as needed)

SECTION 1: TO BE COMPLETED BY APPLICANT:

Complete your information and forward to your employers (Past and Present)

BLACK INK ONLY

Applicant's Name:	Last: <input style="width: 90%;" type="text"/>	First: <input style="width: 90%;" type="text"/>	
	Maiden Name (If applicable): <input style="width: 95%;" type="text"/>		
Applicant's Address:	Street: <input style="width: 95%;" type="text"/>		
	City: <input style="width: 45%;" type="text"/>	State: <input style="width: 15%;" type="text"/>	Zip: <input style="width: 35%;" type="text"/>
Applicant's Social Security #:	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>

SECTION 2: TO BE COMPLETED BY EMPLOYER *DO NOT RETURN TO APPLICANT:*

- 1) Please provide all of the following required information.
- 2) Mail the completed form (Section 1 and Section 2) *directly* to the Board at following address, in a sealed envelope.

State Board of Landscape Architects
 P. O. Box 2649
 Harrisburg, PA 17105-2649

BLACK INK ONLY

Name of Employer:	<input style="width: 95%;" type="text"/>		
Address of Employer:	Street: <input style="width: 95%;" type="text"/>		
	City: <input style="width: 45%;" type="text"/>	State: <input style="width: 15%;" type="text"/>	Zip Code: <input style="width: 35%;" type="text"/>
Employment Dates: MM/YYYY	Start Date: <input style="width: 250px; height: 25px;" type="text"/>	End Date: <input style="width: 200px; height: 25px;" type="text"/>	
Please check one:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time - If so, Please clarify <input style="width: 400px; height: 25px;" type="text"/>		
Was the applicant's experience obtained under your direct supervision as a Landscape Architect? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Landscape Architect's Name:		Licensing State and License Number:	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
If NO, was the applicant's work product reviewed by a registered landscape architect every 6 months for 2 consecutive years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Landscape Architect's Name:		Licensing State and License Number:	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

SECTION 2: TO BE COMPLETED BY EMPLOYER: *DO NOT RETURN TO APPLICANT*

BLACK INK ONLY

Name of Applicant:

Specific Duties Performed:

I verify that the applicant performed the duties as listed and I understand that any false statement made is subject to the penalties of 18 PA C.S. Section 4904 relating to unsworn falsifications to authorities.

Print/Type Name:

Title:

Signature:

Date:

REFERENCE INFORMATION FORM

To be completed by Reference: **DO NOT RETURN TO APPLICANT** (duplicate form as needed)

MAILING ADDRESS: State Board of Landscape Architects
 PO Box 2649
 Harrisburg, PA 17105-2649

BLACK INK ONLY

Applicant's Name:																					
1. Name of Reference:	LAST	FIRST	MI																		
2. Address:																					
3. Business Phone (8 AM - 5 PM):												Ext.:									
4. Internet E-Mail Address:																					
5. What is your present business or profession:																					
6. Which license(s) do you currently hold?												License #									
<input type="checkbox"/> Landscape Architect	<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Land Surveyor									State:									
7. How long have you known the applicant?												From _____ to _____ inclusive.									
													Total:			Years			Months		
8. Was the applicant in your employ?												If "yes", from _____ to _____ inclusive.									
													Yes			No					
9. Are you in any way related to applicant?												<input type="checkbox"/> Yes			<input type="checkbox"/> No						
10. Do you know of anything reflecting adversely on the integrity or general good character of the applicant?													<input type="checkbox"/> No		<input type="checkbox"/> Yes		If "Yes", please explain:				
11. Indicate the employment activities of the applicant on the following list:																					
<input type="checkbox"/> General Design													<input type="checkbox"/> Planting Plans			<input type="checkbox"/> Consultation					
<input type="checkbox"/> General Drafting													<input type="checkbox"/> Specification Writing			<input type="checkbox"/> Administration					
<input type="checkbox"/> Construction Details													<input type="checkbox"/> Cost Estimating			<input type="checkbox"/> Teaching					
<input type="checkbox"/> Grading Plans													<input type="checkbox"/> Rendering/Perspective			<input type="checkbox"/> Supervision of Construction/ Planting					
12. Indicate your opinion of the applicant's competency in the following areas?																					
a. Technical Knowledge:													<input type="checkbox"/> Excellent		<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Unsatisfactory				
b. Professional Experience:													<input type="checkbox"/> Excellent		<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Unsatisfactory				
c. Professional Reputation:													<input type="checkbox"/> Excellent		<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Unsatisfactory				
13. Do you recommend the applicant for licensure as a Landscape Architect?													<input type="checkbox"/> Yes		<input type="checkbox"/> No		Please explain:				
The undersigned certifies to the accuracy of the above statements.																					
Signature:											Date:										

VERIFICATION OF OUT-OF-STATE REFERENCES

I, _____, applicant for licensure as a Landscape Architect, verify that there are not at least two Pennsylvania-licensed landscape architects who are familiar with my work such that they could attest to my professional work and moral character. I have included references from professionals licensed in another state.

I understand that the statements made in this verification are subject to the criminal penalties of 18 Pa. C.S. § 4904 relating to unsworn falsifications to authorities. I further understand that if it is discovered that the above statements are not true, I may be subject to further discipline by the State Board of Landscape Architects, including revocation or suspension of my license, probation or a civil penalty.

(Signature)

(Print Name)

Date: _____

VERIFICATION OF EXAMINATION/LICENSURE

Applicant must complete top portion.

FROM: Pennsylvania State Board of Landscape Architects P. O. Box 2649 Harrisburg, PA 17105-2649
TO:

Date:
Applicant:
Address:

SS#											
Birth Date: (Mo/Da/Year)											

Examination Information: (If applicable) – To be completed by state Board ONLY

Exam Offered	Date of Exam	Section	Score	Min. Pass Score	Date Passed

Licensure Information: (If applicable) - To be completed by state Board ONLY

1. License No.:			
2. Date Issued:			
3. Expiration Date:			
4. Licensed by:	<input type="checkbox"/> Examination	<input type="checkbox"/> Reciprocity - List State:	
5. Is license currently in good standing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Has licensee been disciplined in your state/jurisdiction? If "YES", please explain on an attached 8-1/2 x 11 sheet.			
7. Completed by:	_____ (Name)		_____ (Title)
Date:			

This form must be returned directly to the PA State Board of Landscape Architects upon completion.

(Board Seal)