

STATE BOARD OF LANDSCAPE ARCHITECTS

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

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Courier Address:
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR LICENSURE BY EXAMINATION

1. REQUIREMENTS (A, B, C or D) AND SUCCESSFUL COMPLETION OF THE LARE OR UNE:

BEGINNING WITH THE DECEMBER 2012 EXAMINATION ADMINISTRATION, ALL CANDIDATES MUST OBTAIN PRE-APPROVAL FROM THE BOARD PRIOR TO REGISTERING FOR SECTIONS 1 - 4 OF THE LARE WITH CLARB. THIS APPLIES TO FIRST TIME CANDIDATES AND CANDIDATES WHO PREVIOUSLY APPLIED DIRECTLY TO CLARB FOR ANY SECTION(S) OF THE LARE.

- A. Must have received an undergraduate degree in landscape architecture from an approved institution or college ***and***, *after graduation*, has at least 2 years of practical experience in landscape architectural work of a grade and character satisfactory to the Board.
INITIAL APPLICATION FEE: \$60.00

or

- B. Must have received an undergraduate degree in landscape architecture from an approved institution or college ***and*** have completed at least 1 year of graduate school in landscape architecture ***and***, *after graduation*, also has at least 1 year of practical experience in landscape architectural work of a grade and character satisfactory to the Board.
INITIAL APPLICATION FEE: \$60.00

or

- C. Must have received a graduate degree in landscape architecture from an approved institution or college ***and*** has an undergraduate degree in another subject matter, ***and*** *after graduation*, also has at least 2 years of practical experience in landscape architectural work of a grade and character satisfactory to the Board. **INITIAL APPLICATION FEE: \$60.00**

or

- D. No undergraduate or graduate degree from an approved institution or college but has at least 8 years of practical experience in landscape architectural work of a grade and character satisfactory to the Board. **INITIAL APPLICATION FEE: \$350.00**

Check or Money Order made payable to "Commonwealth of Pennsylvania." Fees are not refundable or transferable. A processing fee of \$20.00 will be charged for any payment returned unpaid, regardless of the reason for non-payment.

2. APPLICATION CHECKLIST

A. CLARB Council Record candidates:

- Complete pages 1 and 2 of the application.
- 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/registration in any other state or territory (if applicable).
 - v. Verification of any prior examination results (if applicable).

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. Candidates without a CLARB Council Record

(candidate applying without a degree/8 years experience):

- Complete pages 1, 2 and 3 of the application.
- Submit a check or money order, made payable to the "Commonwealth of PA" for the application fee.
- Have no less than 3 design professional references (duplicate the form as needed). 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 AND DEADLINE INFORMATION

This application, along with all required documentation, must be submitted to the Board office **60 DAYS PRIOR TO CLARB's REGISTRATION DEADLINE FOR THE LARE.** LARE administration dates, deadlines and fees can be found on CLARB's website at www.clarb.org.

The Board will make every effort to insure that your application is reviewed in a timely manner. Failure to submit all required documentation and/or delaying in responding to discrepancies will delay application processing and can result in receiving determination too late to register with CLARB for the current examination administration.

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.

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.

4. EXAMINATION RESULTS

Examination results are reported as pass or fail and will be available 4-6 weeks following the last day of each examination administration by CLARB. CLARB will notify candidates via email when results are ready to be viewed on the CLARB website.

Once you have passed all sections of the LARE, contact CLARB to have your examination results transmitted to the Pennsylvania State Board of Landscape Architects. A license will be issued approximately 4-6 weeks after the transmittal of your examination results from CLARB.

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: 30%;" type="text"/>	State: <input style="width: 15%;" type="text"/> Zip: <input style="width: 20%;" type="text"/>
Applicant's Social Security #:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" 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: 30%;" type="text"/>	State: <input style="width: 15%;" type="text"/>	Zip Code: <input style="width: 20%;" type="text"/>
Employment Dates: MM/YYYY	Start Date: <input style="width: 200px; 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: 40px;" 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:**

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: _____