



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF LANDSCAPE ARCHITECTURE

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV  
EMAIL: customerservice.dpr@state.de.us

## APPLICATION FOR LICENSURE AS A LANDSCAPE ARCHITECT INSTRUCTION SHEET

### When to Apply

The application asks whether you are applying by examination or reciprocity.

- Apply by examination if you
  - have passed all parts of the Council of Landscape Architectural Registration Boards (CLARB) uniform national examination or similar uniform examination or if you wish to take the CLARB exam
  - do not hold a current license in another jurisdiction.
- Apply by reciprocity if you hold a *current* license to practice landscape architecture in another jurisdiction (state, U.S. territory or the District of Columbia).

### Requirements for All Applicants

The following requirements apply regardless of whether you are applying by examination or reciprocity.

- Submit a completed, signed and notarized [application form](#).
- Enclose required [processing fee](#) by check or money order made payable to "State of Delaware."
- If you have passed all sections of the CLARB national uniform examination or a similar landscape architecture exam, arrange for the Board office to receive a certificate or other evidence of your passing score.
  - The jurisdiction where you took the exam may send a verification **directly** to the Board office, or you may request an examination verification or CLARB Council record from [www.clarb.org](http://www.clarb.org).
- If you have ever held a license in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive verification of licensure from *each* jurisdiction where you have *ever* held a Landscape Architect license, sent *directly* from the jurisdiction to the Board office.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
  - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

### Additional Requirements for Applications by Examination

If you are applying for licensure by examination the following *additional* requirements apply:

- Arrange for the Board office to receive official transcript(s) sent *directly* from the school or college of landscape architecture.
  - The school or college must be approved by the National Council of Landscape Architectural Registration Boards, the American Society of Landscape Architects Landscape Architectural Accreditation Board, or other legitimate national association of landscape architects.
  - If you don't have a degree in landscape architecture, the transcript must show that you have completed two years of landscape architecture coursework.

- Arrange for your licensed landscape architecture supervisor(s) to complete *Supervisory Reference* forms documenting your landscape architecture experience. How much experience you need depends on whether you have a degree in landscape architecture.

<b>IF</b> you...	<b>THEN</b> the <i>Supervisory Reference</i> form(s) must show this amount of <b>professional experience...</b>	<b>AND</b> you may...
Have a degree	Two years under supervision of a licensed landscape architect.	Take the exam before you have two years' experience but your license will not be issued until you complete the two years.
Do <u>not</u> have a degree	Four years under supervision of a licensed landscape architect.	<u>Not</u> take the exam until you have completed the four years.



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## APPLICATION FOR LICENSURE AS A LANDSCAPE ARCHITECT

### TYPE OF APPLICATION

1. Select the item that describes your situation (check one):

**Examination** – Check one:

I have already passed all parts of the Council of Landscape Architectural Registration Boards (CLARB) or similar uniform national examination but do **not** hold a *current* landscape architecture license in another jurisdiction (state, U.S. territory or the District of Columbia).

I wish to take the Council of Landscape Architectural Registration Boards (CLARB) uniform national examination.

**Reciprocity** – I hold a *current* landscape architecture license in another jurisdiction (state, U.S. territory or the District of Columbia).

### IDENTIFYING AND CONTACT INFORMATION

2. Name: \_\_\_\_\_  
Last First Middle

3. Other Names Used: \_\_\_\_\_  
(Include maiden, other married, alternative spellings.)

4. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male  Female

5. Have you been issued a U.S. Social Security Number? Yes  No  If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

6. Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

7. Phone: \_\_\_\_\_ Daytime Home Email: \_\_\_\_\_

**EDUCATION** – Applicants by examination complete this section. Reciprocity applicants skip to the **EXPERIENCE** section.

8. Do you have a landscape architecture degree? Yes  No

9. Enter the following information about your Landscape Architecture education.

COLLEGE/UNIVERSITY	DATES ATTENDED		DEGREE & DATE CONFERRED	MAJOR SUBJECT
	From	To		

Arrange for the Board office to receive an official transcript(s) sent *directly* from the college or university to the Board office.

**LANDSCAPE ARCHITECTURE WORK EXPERIENCE** – Only Examination applicants complete this section. Reciprocity applicants skip to **EXAMINATION** section.

10. Enter a complete record of your professional experience under the supervision of a licensed landscape architect. Begin with your most recent position and work backwards. For each position, discuss your primary and secondary duties, major projects completed, etc. Use additional sheets if necessary. Refer to the Instruction Sheet for the amount of experience that you should document.

Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employment Dates – From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor License Number: \_\_\_\_\_  
Duties and Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employment Dates – From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor License Number: \_\_\_\_\_  
Duties and Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employment Dates – From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor License Number: \_\_\_\_\_  
Duties and Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employment Dates – From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor License Number: \_\_\_\_\_  
Duties and Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submit *Supervisory Reference* forms documenting your landscape architecture experience listed above.**

**EXAMINATION** – All applicants complete this section.

11. Have you obtained a passing score on all parts of the CLARB uniform national examination or other similar national examination for landscape architects? Yes  No  If yes, enter:

Examination Passed:  CLARB  Other – Enter Exam Name: \_\_\_\_\_

Date Passed: \_\_\_\_\_

**If you have passed all sections of the CLARB national examination or a similar examination, arrange for the Board office to receive a certificate or other evidence of your passing score. The jurisdiction where you took the exam may send a verification *directly* to the Board office, or you may request an examination verification or CLARB Council record from [www.clarb.org](http://www.clarb.org).**

**LICENSURE HISTORY**– All applicants complete this section.

12. Are you currently, or have you *ever* been licensed, as a Landscape Architect in another jurisdiction? Yes  No   
If yes, complete the following about your licensure in *each* jurisdiction.

JURISDICTION	LICENSE NUMBER	EXPIRATION DATE

**Arrange for *each* jurisdiction where you have been licensed to send verification of licensure *directly* to the Board office.**

**DISCLOSURES** – All applicants complete this section.

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes  No  **If yes, submit a certified copy of a criminal history record from *each* jurisdiction where you have a record. For information on obtaining a Delaware criminal history record, click on [State Bureau of Identification](#).**

14. Are any criminal charges pending against you in any jurisdiction? Yes  No  **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

15. Have you received any administrative penalties (discipline) regarding your actions as a landscape architect, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, and/or have you entered into any "consent agreement" which contains conditions placed by a Board on your professional conduct, including any voluntary surrender of a license? Yes  No  **If yes, enclose a detailed explanation of all such penalties.**

16. Are any unresolved complaints or other disciplinary proceedings currently pending against you in any jurisdiction? Yes  No  If yes, explain on a separate sheet.

**If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within six months of filing may be considered abandoned and discarded.**

**Please note: When your application is complete, please allow 12-16 weeks to receive your license.**

**AFFIDAVIT**

The undersigned, being sworn, deposes and says that he or she is applying for a license as a landscape architect under the terms of Title 24, Chapter 2, of the *Delaware Code*; that he or she is the person who executed this application; that all statements and answers herein are truthful; that he or she has not suppressed any information that might affect this application; that he or she has read and understands the boards rules and regulations; and that he or she has read and understands this affidavit and the fact that FRAUD OR MISREPRESENTATION IS GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE.

**Signature of Applicant:** \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

SEAL

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.**



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**LANDSCAPE ARCHITECT SUPERVISORY REFERENCE FORM**

The purpose of the form is to document the professional experience in Landscape Architecture of the applicant named below while under the direct supervision of a licensed Landscape Architect (24 Del. C. § 206).

- An applicant who has a degree in Landscape Architecture from an accredited school or college is required to have two years experience.
- An applicant who does not have a degree in Landscape Architecture but who has completed two years of Landscape Architecture courses at an accredited school or college is required to have four years experience.

Additional forms are available at [www.dpr.delaware.gov](http://www.dpr.delaware.gov) – click on *Landscape Architecture* and then *Forms*.

1. Applicant Name: \_\_\_\_\_
2. Name of Supervising Landscape Architect: \_\_\_\_\_
3. Supervisor's License Number: \_\_\_\_\_ State: \_\_\_\_\_
4. Licensed Supervisor's Business Name (if applicable): \_\_\_\_\_
5. Business Address: \_\_\_\_\_  

\_\_\_\_\_ City
\_\_\_\_\_ State
\_\_\_\_\_ Zip

6. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
7. Enter the time periods during which the applicant worked under your licensed **direct supervision**:

FROM (month/year)	TO (month/year)	HOURS
<b>TOTAL HOURS YOU SUPERVISED APPLICANT</b>		

8. Enter the following information about the titles and licenses you held while you directly supervising the applicant.  
 Title: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Type of License: \_\_\_\_\_ Date Received: \_\_\_\_\_

**I attest that I directly supervised the applicant named above and that the information I have provided here provided herein is accurate and complete to the best of my knowledge and belief.**

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

AFFIX SEAL

**RETURN THIS FORM *DIRECTLY* TO THE DELAWARE BOARD OFFICE AT ADDRESS ABOVE.**