



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

APPLICATION FOR LICENSURE AS A LANDSCAPE ARCHITECT INSTRUCTION SHEET

Application by Examination

You may apply for Board of Landscape Architecture approval to take the Council of Landscape Architectural Registration Boards (CLARB) uniform national examination if you meet all of the following qualifications:

- Submit completed, signed and notarized application form.
- Enclose required processing fee by check or money order made payable to "State of Delaware."
- 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, you need two years of landscape architecture courses.
- 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.

IF you...	THEN the <i>Supervisory Reference</i> form(s) must show this amount of professional experience ...	AND 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.

Application by Reciprocity

You may apply by reciprocity if you hold a current, valid license in another state or jurisdiction.

- Submit completed, signed and notarized application form.
- Enclose required processing fee by check or money order made payable to "State of Delaware."
- Arrange for the Board office to receive a certificate or other evidence of a passing score on all sections of the CLARB uniform national examination.
 - The state where you took the exam may send verification to the Board office, or you may request an examination verification from www.clarb.org.
- Arrange for the Board office to receive verification of license from *each* jurisdiction where you have ever held a license, sent directly from the jurisdiction to the Board office.



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

APPLICATION FOR LICENSURE AS A LANDSCAPE ARCHITECT

TYPE OF APPLICATION

I am applying for licensure by (check one):

Examination

Reciprocity

IDENTIFYING AND CONTACT INFORMATION

1. Name: _____
Last First Middle

2. Mailing Address: _____
Street

_____ City State Zip

3. Home Telephone: _____ Work Telephone: _____

4. Email Address: _____

5. Date of Birth (month/day/year): _____

6. 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*.

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

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

ACCREDITED COLLEGE/UNIVERSITY OF LANDSCAPE ARCHITECTURE	DATES ATTENDED	DEGREE & DATE CONFERRED	MAJOR SUBJECT

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

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

8. Enter 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. **Submit Supervisory Reference forms documenting your landscape architecture experience.**

Job Title: _____ Employment Dates: _____ Employer's Name and Address: _____ _____ Supervisor's Name: _____ Supervisor License Number: _____ Job Duties and Work Performed: _____ _____
Job Title: _____ Employment Dates: _____ Employer's Name and Address: _____ _____ Supervisor's Name: _____ Supervisor License Number: _____ Job Duties and Work Performed: _____ _____
Job Title: _____ Employment Dates: _____ Employer's Name and Address: _____ _____ Supervisor's Name: _____ Supervisor License Number: _____ Job Duties and Work Performed: _____ _____
Job Title: _____ Employment Dates: _____ Employer's Name and Address: _____ _____ Supervisor's Name: _____ Supervisor License Number: _____ Job Duties and Work Performed: _____ _____

EXAMINATION – Reciprocity applicants complete this section. Examination applicants skip to the LICENSURE HISTORY section.

9. 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:

Name of Examination: _____ Date Passed: _____

Forward the Certificate of Examination to the state Board where you passed the exam with a request that they forward your scores directly to the Delaware Board.

LICENSURE HISTORY– All applicants complete this section.

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

STATE	LICENSE NUMBER	EXPIRATION DATE

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

DISCLOSURES – All applicants complete this section.

11. Have you been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any 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 your criminal history record.
12. Have you had your license in any state or jurisdiction professionally disciplined (including consent agreements, fines, probation, suspension/revocation)? Yes No If yes, explain on a separate sheet.
13. Are any unresolved complaints or other disciplinary proceedings currently pending against you in any state or 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 (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

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:** _____

Subscribed and sworn to before me this _____ day of _____, 2_____.

Notary Public in and for the

County of _____

State of _____

My Commission expires _____

Signature of Notary Public

NOTARY SEAL