



**APPLICATION FOR LANDSCAPE ARCHITECT
FIRST TIME EXAMINATION**

GEORGIA STATE BOARD OF LANDSCAPE ARCHITECTS
237 Coliseum Drive
Macon, Georgia 31217
Phone (478)-207-2440
www.sos.georgia.gov/plb/landscape

All sections of the Landscape Architect Registration Examination (L.A.R.E.) are now being administered through the Council of Landscape Architectural Registration Boards (CLARB). The website is www.clarb.org. Upon a one-time examination/registration application approval by the Georgia State Board of Landscape Architects you will need to contact CLARB to schedule all sections of the L.A.R.E.

A candidate must also pass the Georgia state portion of the examination prior to being issued a license. The one-time examination/registration application approval by the Board also covers this examination. This examination is administered by PSI. The website is www.psiexams.com.



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APPLICATION CHECK LIST

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Please read the instructions carefully and be familiar with the law and rules governing the practice of landscape architecture in the State of Georgia. Visit the following website for information: www.sos.georgia.gov/plb/landscape.

PLEASE NOTE: All information, including application, fees, and transcripts, must be received in order for the application to be considered by the Board for examination or licensure. The Board cannot process incomplete applications. Applications are processed in the order they are received. Upon approval of your completed application, you will be made eligible to take the next exam that meets CLARB's deadlines.

The following items must be completed and submitted to the Board office by the applicant. Please check off each item as it is completed. This checklist will help you file a complete application.

_____ Please refer to Board Rule Chapter 310-2, Applications and Examinations, prior to taking any portion of the examination. **Rule 310-2-.01(1)(a) and Rule 310-2-.03(3) require that each applicant sitting for the examination must obtain written approval from the Board prior to taking any portion (written and/or computer based) of any examination offering that occurs at any time during the year.**

_____ All items on application must be completed; application signed and notarized. All items on the application should be typed or printed.

_____ Fee enclosed; make check or money order payable to the **Georgia State Board of Landscape Architects**. Effective January 1, 2009, the returned check fee will be \$40.00.

_____ Official college transcript showing degree, date awarded, and bearing the seal of the college or university must be submitted by the applicant with this application.

_____ An Employment Verification form for each employer listed for qualifying experience must be completed, signed by the applicant, the supervisor, and submitted to the Board office by the applicant with this application.

_____ **Consent Form** must be signed giving the Board office permission to conduct a background investigation.

_____ **Application must be returned in a 9 X 12 envelope, unstapled and unfolded**

_____ Read Landscape Architect Law and Rules & Regulation, which are available on the website www.sos.georgia.gov/plb/landscape

Note: Recent change in Board Rule 310-2-.01(6):

In order to be acceptable to the Board, the 18 months of training required in O.C.G.A.43-23-7 as a prerequisite for the examination must be in the actual full-time practice of landscape architecture under the direct supervision of a registered landscape architect. Exceptions to the supervision requirements provided for in this paragraph will be considered by the Board on a case by case basis. It is the applicant's responsibility to provide adequate documentation to show evidence of having met the training requirement provided for in this paragraph. Full-time is defined as a minimum of 40 hours worked per week. In order for part-time work to fulfill the training requirement, 36 months of training with a minimum of 20 hours worked per week is required.

For Board Use Only

Fee Paid _____

Date _____

Receipt # _____

Applicant # _____



For Board Use Only

License # _____

Date Issued _____

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APPLICATION FOR LANDSCAPE ARCHITECT REGISTRATION
\$25.00 Non refundable application fee

1. Full Name as desired on license _____
First Middle Last

2. Social Security Number * _____
* This information is authorized to be obtained & disclosed to State & Federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001

3. Date of Birth _____

4. Physical Address _____
Number and Street (P. O. Box not acceptable) City State Zip Code

5. Mailing Address _____
(If different) Street/P. O. Box City State Zip Code

6. Telephone Number Day _____ Telephone Number Evening _____

7. E-Mail Address _____
Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

REQUIREMENTS FOR EXAMINATION AND LICENSURE - To be eligible for written examination you must meet the following requirements as provided for in O.C.G.A. § 43-23-7:

- Be at least 18 years of age
- Be of good moral character
- Hold a Bachelor of Landscape Architecture degree or a Bachelor of Science degree in Landscape Architecture from a college or school of landscape architecture, environmental design, or its equivalent that has been approved by the Board
- Have at least 18 months of training in the actual practice of landscape architecture as may be approved by the Board, provided that at least one year of such actual practice shall be subsequent to receiving such undergraduate degree
* * * OR * * *
- Have earned a postgraduate degree in landscape architecture from a college or school of landscape architecture or environmental design approved by the Board. PLEASE NOTE: Applicants must also meet the requirements specified in Board Rule 310-2-.01.

EDUCATION

COLLEGE/UNIVERSITY/TECHNICAL SCHOOL/OTHER	MAJOR COURSE	DATES ATTENDED	DATE GRADUATED	DEGREE AWARDED

EMPLOYMENT

Give full information concerning periods of employment which have contributed to your experience in the practice of landscape architecture. Start with your present position and work back, explaining clearly your exact duties and other details required. One employment verification form for each employer must be submitted.

NAME & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	JOB DESCRIPTION & SUPERVISOR

APPLICANT HISTORY

1. Have you ever had a license revoked, suspended or otherwise sanctioned by any board or agency in Georgia or any other state? YES NO If YES, attach certified copy of order.
- 2.
3. Were you ever denied issuance of or, pursuant to disciplinary proceeding, refused renewal of any license by any board or agency in Georgia or any state? YES NO If YES, attach certified copy of order.
- 4.
5. Have you ever been convicted of a felony or misdemeanor (other than traffic violation) or entered a plea of guilty, nolo contendere, or a plea under the "First Offender Act"? DUI and DWI are not minor traffic offenses.
 YES NO If YES, attach certified copy of conviction or plea.

Have you ever taken and passed any parts of the L.A.R. E? YES NO

If so, when did you take the exam? _____ What state? _____
Please attach a letter of explanation.

CLARB follows the standards set by the Americans with Disabilities Act (ADA) for reasonable accommodations for disabled candidates. Should you require special accommodations for a disability, please contact CLARB as soon as possible to ensure that the testing environment will meet your needs.

Requests for special accommodations for a disability must be made at least 60 days prior to the testing date.

AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Landscape Architects, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document as indicated on pages 7 and 8 of the application.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

PRINT NAME

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

DATE

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3);

8 CFR § 274a.2]

A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

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EMPLOYMENT VERIFICATION

1. Name _____

2. Address _____
Street City State Zip

Home Phone _____ Business Phone _____

3. Firm Name _____

Address _____
Street City State Zip

4. Immediate Supervisor _____ Title _____

Landscape Architect License # _____ State _____

5. Job Title of Applicant _____

6. Full description of the kind of work performed. If more space is needed, include additional pages, and **have each page signed by supervisor.**

7. Principal Business of Firm _____

8. Total Years Worked _____ Average Hours Worked Per Week _____ Full Time _____ Part Time _____

9. Dates of Employment: From _____ To _____
MONTH DAY YEAR MONTH DAY YEAR

I hereby solemnly swear under penalties of perjury that all the statements made by me (and the pages attached) are true and correct.

Signature of Applicant

Date

(Must be signed and dated by the applicant prior to review by the supervisor)

I hereby certify that the information furnished by the Applicant in the certification above is accurate.

Name of Supervisor (PLEASE PRINT)

Signature of Supervisor as Identified in Item #4

Date

Affix Professional Seal of Supervisor As Indicated In Item #4

**PROFESSIONAL
SEAL**

Sworn to and subscribed before me this _____ day
of _____, _____.

NOTARY PUBLIC

SEAL

My Commission Expires _____

IF SUPERVISOR WISHES TO MAKE ADDITIONAL COMMENTS REGARDING THE APPLICANT'S WORK PERFORMANCE, THESE SHOULD BE MAILED UNDER SEPARATE LETTER AND SENT DIRECTLY TO THE BOARD OFFICE.

(To be mailed by applicant to the State Board where he/she sat for previous examinations)

CONCERNING TRANSFER OF GRADES

To _____ State Board of Landscape Architects

I am applying to the **GEORGIA STATE BOARD OF LANDSCAPE ARCHITECTS** for:

() Permission to sit for examination based on partial passage of written examination as a candidate of your State.

() Licensure by Transfer of Passing Grades

This is my authorization for the _____ Board to furnish the Georgia Board all the information requested below. Upon completion of the Certification form, please forward to the applicant in a sealed envelope. Applicant must submit to the Georgia Board office with application.

Name of Applicant (**TYPE** or **PRINT**) _____ Signature of Applicant _____ Date _____

Mailing Address of Applicant _____

CERTIFICATION OF _____ STATE BOARD OF LANDSCAPE ARCHITECTS

Our records indicate that the person named above:

- 1. Was issued Landscape Architect License Number _____
- Original Date of Issuance _____
- Current Expiration Date _____

2. Does applicant's file contain any information, which may be a discredit?

3. Has applicant taken written exams? Please name exam, date and grade.

BOARD _____
Signature

SEAL _____
Title

Date