



APPLICATION FOR LANDSCAPE ARCHITECT
BY RECIPROCITY
APPLICATION CHECK LIST

GEORGIA STATE BOARD OF LANDSCAPE ARCHITECTS
237 Coliseum Drive, Macon, Georgia 31217
Phone (404) 424-9966

<https://sos.ga.gov/georgia-state-board-landscape-architects>

Please read the instructions carefully and be familiar with the law and rules governing the practice of a Landscape Architect in the State of Georgia. Visit the following website for information:

<https://sos.ga.gov/georgia-state-board-landscape-architects>

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 and 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. The returned check fee is \$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.

Note: A CLARB Council Record may be submitted in lieu of college transcript and employment verifications.

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.

_____ **Reciprocity Applicants** must complete the Transfer of Grades form and send it to the state board of original certification for verification of applicant's license status. State Board of original certification must complete form and return to applicant to be included with application to the Georgia Board office.

_____ **Reciprocity Applicants** must complete the Applicant Employment Information form and submit to Board office with application.

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

_____ Read Landscape Architect Law and Rules & Regulations.

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



For Board Use Only
Fee Paid _____
Date _____
Receipt # _____
Applicant # _____

For Board Use Only
License # _____
Date Issued _____

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APPLICATION FOR REGISTRATION AS A LANDSCAPE ARCHITECT BY RECIPROCITY
\$115.00 FEE (Includes non-refundable \$25.00 application fee and \$80.00 registration fee
+ \$10.00 processing fee)

Applicant must take and pass the State exam prior to becoming licensed.

- Full Name** as desired on license _____
 First Middle Last
- 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
- Date of Birth** _____
- Physical Address** _____
 Number and Street (P. O. Box not acceptable) City State Zip Code
- Mailing Address** _____
 (If different) Street/P. O. Box City State Zip Code
- 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 LICENSURE -

- 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.

FEES – All fees must accompany this application.

PLEASE NOTE: - The Board requires that all reciprocity applicants must pass the state examination which covers information related to the practice of Landscape Architecture in Georgia as a condition for registration. Upon approval by the Board, you will be given instructions via email on scheduling your examination with a PSI testing center of your choice.

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. 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.

3. 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.

REGISTRATION IN OTHER STATES

- State which issued original license _____
- Date license issued _____ License number _____
- Was license issued based on passage of the L.A.R.E. examination? YES NO
 If NO, which examination _____
- Is license current? YES NO
- Other states where you are licensed _____

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 6 and 7 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)]

GEORGIA STATE BOARD OF LANDSCAPE ARCHITECTS
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(844) 753-7825

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**

(Notary must witness Supervisor's signature)

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.

GEORGIA STATE BOARD OF LANDSCAPE ARCHITECTS
APPLICANT EMPLOYMENT INFORMATION

**THIS COMPLETED AND SIGNED SUPPLEMENTAL INFORMATION FORM
MUST ACCOMPANY ALL APPLICATIONS FOR RECIPROCAL REGISTRATION**

1. Firm Name _____

Address (principal place of business) _____

Telephone Number _____

Georgia Address (if different from above) _____

Telephone Number (if different from above) _____

2. Applicant's Name _____

Georgia Registration Number _____ CLARB Certificate Number _____

Base State Registration Number _____ State _____

3. Does the employer offer landscape architectural services in Georgia?

() YES () NO

If so, what type of landscape architectural services does the employer offer?

4. Is the applicant self-employed or employed by a business entity?

If employed by a business entity, what is the applicant's position? (Check all appropriate categories)

Individual Owner Partner Stockholder Officer

Director Associate Employee Consultant Retired

5. If the applicant is employed by a business entity, is the applicant in responsible charge of the landscape architectural work in Georgia for the business entity? YES NO

If NO, who is?

<u>NAME</u>	<u>TITLE</u>	<u>GEORGIA REGISTRATION #</u>
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6. The undersigned certifies that the above information is correct.

Date

Signature

PLEASE NOTE

Should any changes occur on the Applicant Employment Information, you are required to update the information on file with:

GEORGIA STATE BOARD OF LANDSCAPE ARCHITECTS

237 Coliseum Drive
Macon, GA 31217
(844) 753-7825

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

CONCERNING RECIPROCITY OR 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 Reciprocity

() 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. Was found to be qualified for registration on the basis of:

() Written Examination (Please give scope and grades)

- () Passed CLARB Examination
- () Oral Examination
- () Education and Experience
- () Reciprocity
- () Grandfather Clause in Law

3. Has applicant ever been warned, reprimanded, or had a license suspended or revoked?

() YES () NO

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

BOARD

Signature

SEAL

Title

Date