

WEST VIRGINIA STATE BOARD OF LANDSCAPE ARCHITECTS

APPLICATION FOR REGISTRATION AS A LANDSCAPE ARCHITECT

Mailing address:

West Virginia State Board of Landscape Architects
P.O. Box 1355
St. Albans, West Virginia 25177

Phone: (304) 727-5501

FAX: (304) 727-5580

Affix a photograph of yourself
taken within 30 days of
submitting this application.

Approximate size 2 1/2" square.

BOARD USE	
RECEIVED:	_____
REVIEW DATE:	_____
CLARB RECORD RECEIVED:	_____
LICENSE NO:	ISSUED: _____

Instructions:

1. The application fee is **\$100.00** and will be refunded if you are denied a license. Submit a check or money order made payable to West Virginia State Board of Landscape Architects. A \$25.00 fee will be assessed for any returned check regardless of the reason.
2. This application must be completed using a typewriter or printed in blue or black ink. Illegible print constitutes an incomplete application.
3. Your preferred mailing address along with your name, license number and employer are included in a roster of licensee's and is accessible by the public.
4. You must list all states in which you have ever been licensed to practice landscape architecture, active and inactive. Fill in "Attachment A - VERIFICATION OF LICENSURE" and forward to the jurisdiction of your initial licensure.
5. Provide no less than four references two of which must be licensed landscape architects. Fill in your name at the top of "Attachment B - REFERENCE INFORMATION" and forward to all individuals listed. Make sure to include the MEMORANDUM with the form.
6. If you are applying for registration by examination, arrange to have your transcript mailed directly from the college/university to the Board office.
7. You may omit the Education, Experience and References sections if you are submitting a CLARB Council Record and the information is contained within.
8. Allow 6 to 12 weeks for processing.

GENERAL INFORMATION

I am applying for: Registration by Reciprocity Registration by Examination (See instructions.)

Full Name: _____
first middle last

Social Security Number: _____ - _____ - _____ Birthdate: _____ / _____ / _____
month day year

Home Address: _____
street city state zip code

Employer: _____ Position: _____

Business Address: _____
street city state zip code

(Please check your preferred mailing address. See instructions.)

Home Phone: () - Business Phone: () - FAX: () -

Email Address: _____

Legal Residence: _____
city county state zip code

Length of Time: _____ Citizenship: U.S. Other, please list: _____

Place of Birth: _____
city county state country

Do you have a CLARB Council Record? No Yes, Number: _____ Date Issued: _____ / _____ / _____

Full Name: _____
first middle last

EDUCATION (Attach additional sheets if necessary.)

Name of High School: _____ Year Graduated: _____

College or University (In chronological order.)

	<small>name and location</small>	<small>major</small>	<small>dates attended</small>	<small>degree</small>
1.				
2.				
3.				
4.				

LICENSURE INFORMATION (See instructions.)

Jurisdiction of Initial Registration: _____ License No: _____ Date Issued: ____ / ____ / ____

Registration was by: Examination Exemption Other (describe): _____

UNE LARE STATE EXAMINATION OTHER: _____

REGISTRATION IN OTHER JURISDICTIONS

	<small>state</small>	<small>license no.</small>	<small>date issued</small>	<small>expiration date</small>
1.				
2.				
3.				
4.				

REFERENCES (See instructions.)

	<small>name/daytime phone no.</small>	<small>address</small>
1.		
2.		
3.		
4.		

PROFESSIONAL ORGANIZATIONS

	<small>name</small>	<small>type of membership</small>
1.		
2.		
3.		
4.		

Full Name: _____
first middle last

EXPERIENCE (In chronological order. Attach additional sheets if necessary.)

Detailed Description of Duties

Employer: _____
Address: _____

Supervisor: _____
Employment Dates:
from: ____ / ____ / ____ to: ____ / ____ / ____

Detailed Description of Duties

Employer: _____
Address: _____

Supervisor: _____
Employment Dates:
from: ____ / ____ / ____ to: ____ / ____ / ____

Detailed Description of Duties

Employer: _____
Address: _____

Supervisor: _____
Employment Dates:
from: ____ / ____ / ____ to: ____ / ____ / ____

Detailed Description of Duties

Employer: _____
Address: _____

Supervisor: _____
Employment Dates:
from: ____ / ____ / ____ to: ____ / ____ / ____

VERIFICATION OF LICENSURE

Applicant to complete top portion. FROM: West Virginia State Board of Landscape Architects... TO: Applicant: Address: Social Security No: Birthdate: Signature of Applicant Date:

- BOTTOM PORTION TO BE COMPLETED BY LICENSING BOARD ONLY -

Applicant's License Number: Date Issued: Expires: Has this Applicant been subject to any disciplinary action or pending legal action that could affect the Applicant's professional status in your jurisdiction?

METHOD OF LICENSURE

Reciprocity - From the Jurisdiction of: CLARB Certification Grandfather Clause UNE LARE State Exam - Attach details, i.e. subjects, length Oral Exam - Attach details. Other:

UNE, LARE and State Section (if applicable)

Table with 4 columns: SUBJECT, DATE PASSED, MINIMUM PASSING, CANDIDATE RAW SCORE

Additional Comments:

Authorized Signature:

Title: Date:

(BOARD SEAL)

PLEASE SUBMIT THIS FORM DIRECTLY TO THE WV STATE BOARD OF LANDSCAPE ARCHITECTS UPON COMPLETION.

REFERENCE INFORMATION

Name of Applicant: _____

Please complete using a typewriter or print using blue or black ink.

Name of Reference: _____

Address: _____ street city state zip code

Daytime Phone: () - Email address: _____

Business Name: _____ Position: _____

Occupation: Landscape Architect Engineer Architect Other: _____

License Number: _____ State: _____

Relationship to applicant: _____

If employer, dates of employment: From: _____ To: _____

How long have you known the applicant: From: _____ To: _____

Are you in any way related to the applicant? No Yes

Have you found the applicant to be truthful, trustworthy and of good moral character? Yes No

If no, please explain: _____

Do you consider the applicant qualified for registration as a landscape architect? Yes No

Please explain: _____

- Excellent Satisfactory Marginal Unsatisfactory Unknown
[] [] [] [] []
[] [] [] [] []
[] [] [] [] []
[] [] [] [] []
[] [] [] [] []

Indicate to the best of your knowledge the applicant's abilities in the following categories. If you select "Unsatisfactory" in any of the categories, please attach a letter of explanation to this form.

- Technical Knowledge
Professional Conduct
Professional Experience
Reputation
Applicant's Community Standing

RETURN TO: West Virginia State Board of Landscape Architects
Post Office Box 1355
St. Albans, West Virginia 25177

Signature: _____ Date: _____

(SEAL)

PLEASE SUBMIT THIS FORM DIRECTLY TO THE WV STATE BOARD OF LANDSCAPE ARCHITECTS UPON COMPLETION.

Attachment B



STATE BOARD OF LANDSCAPE ARCHITECTS

Post Office Box 1355, St. Albans, West Virginia 25177
<http://www.wvlicensingboards.com/landscape>
(304) 727-5501, (304) 727-5580 FAX

MEMORANDUM

TO: Registration Applicant Reference

FROM: Roger Kennedy, Chairperson,
West Virginia State Board of Landscape Architects

RE: Instructions for Submitting References

You have been requested to serve as a reference for an applicant for registration in West Virginia as a Landscape Architect. Please complete the enclosed questionnaire and return it to:

Roger Kennedy
West Virginia State Board of Landscape Architects
Post Office Box 1355
St. Albans, West Virginia 25177

PLEASE MAIL THE QUESTIONNAIRE DIRECTLY TO THE BOARD OFFICE. DO NOT RETURN IT TO THE APPLICANT.

To ensure that the licensing law is effective in safeguarding the health, safety and welfare of the public, the Board has been charged with the responsibility of determining the eligibility of persons wishing to register as landscape architects. Persons seeking registration must be qualified in the profession of landscape architecture.

As one of the applicant's references, you are familiar with his or her professional work and/or have knowledge of his or her character, reputation and abilities. The Board would appreciate information regarding the eligibility of the applicant. Specifically, the Board is interested in the applicant's responsibilities as they relate to his or her professional work as well as his or her professional competence and character. Generalities do not help the Board in fulfilling their obligations to the people of West Virginia which is licensing only qualified persons. Any information provided to the Board will be treated as confidential.

Your assistance in this matter is greatly appreciated.