



STATE OF NEW HAMPSHIRE

APPLICATION FOR LICENSURE AS A LANDSCAPE ARCHITECT

- \$150.00 - Landscape Architect Registration Exam
 \$275.00 - CLARB Certification
 \$325.00 - Direct to State Reciprocity

The application must be filled out completely and typewritten

Check Payable to "Treasurer, State of NH" or complete the enclosed credit card form **(Non-Refundable Fee)**

1. General Information

Name _____

Last

First

Middle

Names Previously Used (if applicable) _____ SS# _____

Residence Address _____
zip code _____

Business Name _____

Business Address _____
Indicate mailing address by check box zip code _____

Business Phone _____ Home Phone _____

Email: _____ Citizenship: Birth _____ Naturalized _____

Place of Birth _____ Date of Birth _____

2. Registration/Licensure Information

State in which first registered or licensed as a Landscape Architect: _____

Licensed by **CLARB** Exam? _____ If not how? _____

Location of exam _____ Date _____ Grade Awarded _____

Total number of hours of written examination/s (indicate "none" if no written exam was taken):

Date of Licensure _____ License Number _____ Is License now in force? _____

If not in force, indicate why _____

Have you **ever** applied for Landscape Architect licensure in **NH**? _____ Status _____

Professional Licenses: List all states where you hold or have held licensure. Use a separate sheet if necessary. Verification of one current license as well as verification from the state(s) where examination(s) was administered is required.

License #	State	Year Licensed	#Hours Written Examination	Reciprocity or Grandfather	Active or Lapsed

3. General Information Questions

CHECK ONE:

YES NO

1. Have you ever been convicted of any felony or any misdemeanor, or a violation involving landscape architecture or the practice of landscape architecture. If so, name the court, the details of the offense and the date of conviction and the sentence imposed. YES NO
2. Have you ever lost or been denied registration/licensure as a landscape architect or disciplined by another licensing board in any other state and if so, an explanation of the circumstances? YES NO

If the answer is yes to any of the above questions, submit a written explanation with your application

CLARB RECORD:

A CLARB record is for licensed landscape architects who practice in multiple states.

YES NO

1. Do you have a CLARB Council Record? YES NO
2. I have requested CLARB to transmit my Council Record to the Board Office on:

Indicate Date Transmittal Requested _____

4. Membership in Professional or Scientific Associations

Name of Organization	Location	Grade or Membership	Date

7. Professional Experience

This information described below is a summary of your employment, and should start with your first employer. Use this page as a summary and place detailed information pertaining to experience on the enclosed supplemental experience record sheet. **Please key all sheets.**

Key	Date	1. Name of Employer- Title of Position	Name and present address of someone familiar with each position, preferably person to whom applicant reported or with whom he/she was associated.
	Indicate years	2. Location and Character of Each Position	
	From to	3. Degree of Responsibility	

8. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

Signature of Applicant

Date

ADDRESS ALL COMMUNICATIONS TO:

NH OPLC – TECHNICAL DIVISION
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, N.H. 03301

Find us on the on-line at www.oplc.nh.gov/landscape-architects/index.htm

rev. 10/17/16

SUPPLEMENTARY EXPERIENCE RECORD IN DETAIL

- ✓ **Read instructions carefully.** The Supplementary Experience Record is vital to the Board's evaluation of your landscape architecture experience.
- ✓ **Affix** your signature and date to this and each additional sheet. Add additional sheets as required. Use plain white pages and number consecutively. Number each landscape architecture project and/or assignment to correspond with the key of Section 7 of your application.
- ✓ **List and identify** your projects and/or assignments in chronological order, starting with your **first landscape architecture projects and/or assignments**. Be specific in identifying the portion of the work you personally responsible. Note the calculations you performed, identify the project by job title, name of client, location of project, total cost and cost of the portion you were personally responsible. In describing the projects when applicable list such things as capacities, sizes, ratings, list of equipment size and/or specified, or other suitable identifying means, note success or failure of each project
- ✓ **After you have prepared your first draft, read it critically.** Does it show a reviewer, who is not familiar with you or your job the degree of landscape architecture expertise you applied and verify time-wise the landscape architecture experience claimed in your application.

Signature _____ **Date** _____
(ALSO SIGN AND DATE EACH ADDITIONAL SHEET)

**STATE OF NEW HAMPSHIRE
BOARD OF LICENSURE
FOR LANDSCAPE ARCHITECTS**

CANDIDATE REQUIREMENTS

310-A:146 Eligibility Requirements for Licensure as a Landscape Architect.

I. Each applicant for licensure as a landscape architect shall meet one of the following requirements:

(a) Possession of an accredited 4-year landscape architecture degree or equivalent, and 3 years professional experience under the direct supervision of a licensed landscape architect; or

(b) Possession of a non-accredited 4-year landscape architecture degree or a 4-year degree in a related field and 5 years professional experience, 3 of which shall be under the direct supervision of a licensed landscape architect; or

II. The board shall have the discretion to reject an applicant who is not of good professional character, as evidenced by:

(a) Conviction for commission of a felony;

(b) Misstatement of facts by the applicant in connection with the application;

(c) Violation of any of the standards of conduct required of landscape architects as they are set forth in this subdivision or in rules adopted by the board; or

(d) Practicing landscape architecture without being licensed in violation of laws of the jurisdiction in which the practice took place.

III. Upon complying with the preliminary requirements set forth in this section, the applicant shall, in order to become licensed, pass written examinations as provided in RSA 310-A:151, except as otherwise provided in RSA 310-A:153.

IV. Following the effective date of the initial adoption by the board of rules under RSA 541-A, the board may issue licenses to applicants whose applications for licensure have been received during a one-year period following the effective date of adoption of the rules, who provide evidence satisfactory to the board of knowledge and experience equivalent to the requirements set forth in subparagraphs I(a) or (b), and who meet the examination requirements of RSA 310-A:151.

Lsa 302.01 Candidate Requirements.

(a) Candidates for licensure shall meet the requirements established by RSA 310-A:146 before a license shall be granted. The board shall require documentation of the applicant's education and work experience to help determine competency.

(b) Experience in the practice of landscape architecture shall be of a grade and character that indicates to the board that the applicant is competent to practice as a landscape architect as determined pursuant to LSA 302.02. The board shall also require documentation of the applicant's work products to help determine competency.

(c) Qualifications shall be determined as follows:

(1) Applicants possessing an accredited 4-year landscape architecture degree or equivalent, shall have 3 years professional experience under the direct supervision of a licensed landscape architect; or

(2) Applicants possessing a non-accredited 4-year landscape architecture degree or a 4-year degree in a related field including, but not limited to, engineering, architecture, geology, geography, planning, botany, forestry, environmental design, garden design, environmental studies, environmental science, ecology or soil science shall have 5 years professional experience, 3 of which shall be under the direct supervision of a licensed landscape architect.

(d) Experience shall be in accordance with the rules of professional conduct set forth in Lsa 501. Conduct proscribed by the rules of professional conduct, when performed by an unlicensed person or during a prior period of licensure, shall result in denying a license application or issuing a restricted license.

(e) The applicant shall take the LARE prepared by CLARB and achieve a passing score.

(f) The board shall issue licenses to applicants whose applications for licensure have been received during a one-year period following the effective date of the initial adoption of the board's administrative rules adopted pursuant to RSA 541-A, and who either meet the education experience and examination requirements of Lsa 302.01 and 302.02 or who provide evidence establishing that their knowledge and experience is equivalent to such requirements and have satisfactorily passed the CLARB LARE examination.

Lsa 302.02 Experience Requirements. Experience in the practice of landscape architecture shall be determined pursuant to RSA 310-A:146 as follows:

(a) Experience shall be progressive on landscape architecture projects to indicate that it is of increasing quality and requiring greater responsibility;

(b) Only the work of landscape architectural nature shall be creditable;

(c) Experience shall not be obtained in violation of RSA 310-A:155, II;

(d) Experience gained in the armed services, to be creditable, shall be of a character equivalent to that which would have been gained in the civilian sector doing similar work;

(e) Experience shall be gained under the supervision of a licensed landscape architect or if not, an explanation shall be made showing why the experience should be considered acceptable;

(f) Teaching experience to be creditable must be of an advanced level in a college or university offering a landscape architecture curriculum of 4 years or more that is accredited by Landscape Architecture Accreditation Board (LAAB) accredited program;

(g) Successful completion of graduate study leading to the master's degree in landscape architecture which has followed a baccalaureate degree in landscape architecture may be used for credit for one year's experience. If the Ph.D. in landscape architecture is completed under the same conditions, 2-year's total experience shall be credited. The 2 years credit shall include the one year for the master's degree; and

(h) Experience shall not be anticipated. The experience shall have been received at the time of the application.



APPLICATION INSTRUCTIONS AND CHECKLIST FOR LANDSCAPE ARCHITECTS

General - Provide all the information requested on the application form. **Do Not** substitute a resume or other synopsis of your experience and/or education for any part of the application form. If additional space is needed, please photocopy that portion. **COUNCIL OF LANDSCAPE ARCHITECTURAL REGISTRATION BOARDS (CLARB) RECORDS HOLDERS** must complete **pages 1 and 2 and sections 5 and 8 only.**

References- Make a sufficient number of copies of our **Reference Form** to send one to each of your references. Keep a blank one for your future use, in the event a reference does not respond. In addition to the reference form, you should send each of your references a **stamped** envelope on which you have placed the Board address label. Reference forms received from applicants are **not** acceptable, forms must come directly from the reference.

Transcripts- Transcript Request Forms are included as a part of this application packet. Complete the form/s and send it/them (and any required fee) to the college or university you attended including Undergraduate and Masters transcripts if applicable. Transcripts received from the applicant are not accepted. Transcripts must come directly from the college/university to our office.

Verifications-Enclosed you will find a copy of a blank verification of licensure/examination form. If you have taken the Landscape Architect Registration examination in another jurisdiction/s, complete Part A and send the verification form to each jurisdiction along with any fee they may charge. Make copies if needed. For each verification form mailed, you should include a **stamped** envelope on which you have placed the New Hampshire Board address label.

Notice to all applicants- Be sure you submit your application to the Board before you send out your reference forms. We must receive your application **prior** to receiving forms from your references. If we receive responses from your references and do not have your application on file, they may be misplaced, causing a delay in the processing of your application.

Foreign Degree Candidates- Foreign degree evaluations are required and must be sent directly from the institution to World Education Services or a similar translation and authentication service which specialize in evaluating educational credentials for translation and authentication.

Sections C & E Candidates- The application forms, fees and **all supporting documentation** for candidates for the exam must be received by: **March 1st for the June exam; September 1st for the December Exam.**

RETURN THIS CHECKLIST WITH YOUR APPLICATION

APPLICATION CHECKLIST

Candidate Name

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay.

Have you:

- Marked the box on the application form indicating which address you want us to use?
- Requested your college/university to send us your transcript directly?
- Completed the "References" portion of the application, sent reference forms and Board addressed and stamped envelopes to each of your references, and kept a blank copy of the form for yourself?
- Filled in the detailed experience summary sheets? (copy if needed)
- Signed and dated the application?
- Included the correct fee with the check made payable to **Treasurer, State of NH** or completed the attached credit card sheet?
- Completed Part A of the verification form, sent to the appropriate state board/s along with a stamped envelope on which you have placed one of the New Hampshire Board address labels?
- Included this Checklist with your application?

Date _____

College or University Registrar

Dear Registrar:

Enclosed please find my fee in the amount of \$ _____ in payment for a certified transcript of my scholastic record. I attended college during the years _____ to _____. I received my degree on _____
_____. My Social Security number is _____ and my date of birth is _____.

My student identification number was _____.

Please send the transcript ***directly*** to the following address:

NH OPLC – Technical Division
121 South Fruit Street, Suite 201
Concord, New Hampshire 03301

The Board of Professional Engineers have informed me that they will treat the transcript in accordance with the provisions of the Education Rights Privacy Act and that no unauthorized person will have access to the transcript.

Sincerely,

(Signature)

(Printed Name and Address)

REQUEST FOR VERIFICATION OF LICENSURE OR EXAMINATION

PART A. Candidate Information – To be completed by the Candidate

Applicant Name:	Date of Birth:
Address:	
City	State
Zip	

PART B. To be completed by verifying Board and returned directly to:

NH OPLC – Technical Division, 121 S Fruit St, Ste 201, Concord, NH 03301 Phone: (603-271-2219)

I. THE ABOVE NAMED PERSON WAS LICENSED AS:	Certificate Number	Date Issued	Valid Until
<input type="checkbox"/> LANDSCAPE ARCHITECT			

II. MINIMUM REQUIREMENTS WERE:

1. Landscape Architecture Registration Examination

	Hours	Grade	Date Passed
Section A – Project and Construction Administration			
Section B – Inventory, Analysis and Program Development			
Section C – Site Design			
Section D – Design and Construction Documentation			
Section E - Grading, Drainage and Stormwater Management			

CLARB Record

Reciprocity:

Other

III. QUESTIONS

1. Has any disciplinary action ever been taken against the applicant? Yes No

2. If so, has the disciplinary case been satisfied to the Board's requirements? Yes No

State:	Mandatory Board Seal
By:	
Title:	
Date:	

NH OPLC Technical Division
121 S FRUIT ST, SUITE 201
CONCORD NH 03301

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Note: This page may be printed or copied on a 3 by 10 label sheet to create mailing labels for use with reference letter envelopes, etc. This setup is for Avery label 5960.

THE STATE OF NEW HAMPSHIRE
BOARD OF LICENSURE
FOR LANDSCAPE ARCHITECTS
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, NEW HAMPSHIRE 03301

Dear Sir/Madam:

An individual has applied to this Board for licensure in the State of New Hampshire as a Landscape Architect and either has given your name as a reference or has stated that he/she has worked for you or with you. The Board will appreciate your sending the information requested on the reverse hereof, and assures you that such information as you give will be treated in the strictest confidence.

The Board is required by law to obtain evidence of the good character of the applicant and his/her qualifications as a Landscape Architect before issuing a certificate of licensure. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed with the application.

The Board urges that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may affect the life, health, property and welfare of the public, you have a grave responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot license the applicant until the references are returned, a prompt reply will expedite consideration of the applicant's request for licensure. Please make certain that you enter the applicant's name on the reference form.

Very truly yours,



Donna Lobdell
Program Specialist II

Re: Application of _____

(NAME IS REQUIRED)

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name _____
(to be typewritten or printed)
2. What is your address _____
(street and number) (city or town)
3. What is your present business or profession? _____
4. Are you a licensed Landscape Architect? _____ In what State? _____ License # _____
5. How long have you known the applicant? From _____ To _____
6. Are you in any way related to the applicant? _____
7. What has been your business connection with the applicant? _____

8. Do you know anything reflecting adversely on the integrity or general good character of the applicant?

9. Please give a brief estimate of the applicant as a landscape architect. _____

10. Would you employ the applicant in a position of trust? _____
11. If the applicant is connected with a firm, please provide its name and address.

12. Is the applicant qualified to be placed in responsible charge of design or supervision of work? _____
13. If the applicant is in individual practice, please indicate the nature of such practice _____
14. Do you recommend the applicant for licensure as a Landscape Architect? _____
15. In my opinion the applicant has _____ years of landscape architecture experience.
16. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as a landscape architect.

Date _____

Written Signature _____

Credit Card Sheets are not accepted via e-mail

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type:		Amount Due:	
Card Type: (please select one)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	(required)
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

CONFIDENTIAL