

State of Florida
Department of Business and Professional Regulation
Board of Landscape Architecture
Application for Individual Licensure: Examination or Re-Examination
Form # DBPR LA 1

APPLICATION CHECKLIST - IMPORTANT - Submit all items on the checklist below with your application to ensure faster processing.

TRANSACTION	APPLICATION REQUIREMENTS
Initial Application for Examination (Section F only) and Licensure	<ul style="list-style-type: none"> <input type="checkbox"/> Complete this application. <input type="checkbox"/> Submit the \$100 non-refundable application fee and appropriate licensure fee. Make check payable to Department of Business and Professional Regulation. <input type="checkbox"/> Submit the \$282 exam fee for Section F. Make check payable to Department of Business and Professional Regulation. DO NOT include the proctor fee. <input type="checkbox"/> Have official transcripts submitted directly from the institution or CLARB Council Record. <input type="checkbox"/> Have grades submitted directly from CLARB. <input type="checkbox"/> Six-Year Practical Experience Option - Additional Requirements: <ul style="list-style-type: none"> o Verify additional practical experience as indicated in the instructions in number 2.e.iii. on page 9. o Submit two (2) examples of work product as indicated in the instructions.

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
 1940 North Monroe Street
 Tallahassee, FL 32399-0783

State of Florida
Department of Business and Professional Regulation
Board of Landscape Architecture
Application for Individual Licensure: Examination or Re-Examination
Form # DBPR LA 1

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.
For additional information see the instructions at the end of this application.

Section I - Application Type

CHECK ONE OF THE APPLICATION TYPES
<input type="checkbox"/> Initial Examination Applicant [1301; 1010] Section F

Section II - Applicant Personal Information

PERSONAL INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number	Fax Number		
Alternate E-Mail Address			

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Section 653, 654, and 666(a); and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social security numbers must be recorded on all professional and occupational license applications and will be used to allow efficient screening of applicants and licensees by Title IV-D Child Support Agency to assure compliance with child support obligations.

Section II - Applicant Personal Information – continued

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list them below (attach additional copies if necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or been called by another name (example - maiden name, nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

Section III (a) – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please complete Section III (b) for your response to questions 1 and 2, and complete Section III (c) for your response to questions 3 and 4. If you have more than three offenses to document in Section III (b), attach additional copies as necessary.

Section III (b) – Explanation(s) for Background Questions 1 and 2

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section IV - Education and Examination Information

EDUCATIONAL DATA			
Provide name and location of ALL Colleges or Universities attended (see 2 (d) (i) (c) of the Instructions)			
Name/City, State	Dates Attended	Graduation Date	Degree Received

EXAMINATION FEES / SCHEDULING	
<p>SPECIAL TESTING ACCOMMODATIONS: Check YES if special testing accommodations are required due to disability. (Contact DBPR Bureau of Education and Testing immediately at 850.488.5952 for detailed information). <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Have you taken and passed the Landscape Architecture Registration Examination (LARE)? <input type="checkbox"/> No <input type="checkbox"/> Yes – You must have your grades submitted to the department by CLARB or the state that authorized your exam admission, if not Florida.</p>	
<p>For application and examination fees, see Fees on page 9.</p>	
<p>Landscape Architectural Registration Examination (LARE) Administered by CLARB</p>	
EXAMINATION SECTION(S):	Exam Date(s)
<p>Section F - Plant Materials and Specialization Aspects of Practice in Florida Including Laws and Regulations - Administered by DBPR</p>	

Section V - Practical Experience – (Copy form as necessary)

THE LANDSCAPE ARCHITECTURE SUPERVISOR MUST COMPLETE THIS SECTION			
Check <u>one</u> or <u>both</u> of the boxes, as applicable, to indicate the experience requirement verified:			
<input type="checkbox"/> A. One-year practical experience requirement (required for all). <ul style="list-style-type: none"> ○ Please Note - If fulfilling one year practical experience requirement after examination, you must submit form DBPR LA 6 before an active license will be issued. 			
<input type="checkbox"/> B. Practical experience substituted for education requirement.			
APPLICANT INFORMATION			
Last/Surname	First	Middle	Suffix
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
I have supervised the applicant on landscape architecture work and in the capacities listed below:			
Dates*	Total Hours	Describe Work Performed	Position / Capacity

* **IMPORTANT:** see Instructions – Practical Experience, number 2.e.iii., prior to completing this section.

I hereby certify that all statements made on this verification form are true and correct and that the applicant completed the applicable practical experience requirements under my supervision.	
Print Name	
Signature	
License #	State Licensed in
Business Name ¹ <small>¹ If applicable</small>	License # ¹
Section 481.310, Florida Statutes, Practical Experience Requirement – Beginning October 1, 1990, every applicant for licensure as a registered landscape architect shall demonstrate, prior to licensure, one (1) year of practical experience in landscape architectural work. The board shall adopt rules providing standards for the required experience. An applicant who qualifies for examination pursuant to Section 481.309(1)(b)1, Florida Statutes, may obtain the one-year practical experience after completing the required professional degree. Practical experience substituted for the education requirement to qualify for examination pursuant to Section 481.309(1)(b)2, Florida Statutes, may not be used to satisfy the one-year practical experience requirement under this section.	

Section VI – Affirmation By Written Declaration**AFFIRMATION BY WRITTEN DECLARATION**

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature:

Date:

Print Name:

FEES:

FEES	
APPLICATION: An initial examination application requires a non-refundable application fee	\$100
EXAMINATIONS:	
Landscape Architectural Registration Examination (LARE) Administered by CLARB. Registration and fee information is available through CLARB at www.clarb.org or call 571.432.0332.	
Section F - Plant Materials & Specialization Aspects of Practice in Florida Including Laws & Regulations Administered by Department of Business and Professional Regulation Note: <i>an additional fee of \$18 will be charged by the testing vendor, Pearson Vue, for this section at the time of testing.</i>	\$282
LICENSURE: Once the applicant has passed all of the required exams a licensure fee will be due. If the applicant passes all required exams and sends in a fee between August 30 th of an odd year and November 30 th of an even year a fee of \$230 is due. If the exams are passed and the fee is sent between December 1 st of an even year and August 29 th of an odd year a fee of \$117.50 is due. Fee amount is based on the payment postmark date.	

Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1. General Requirements for Licensure

- a. Initial Examination Applicant
 - i. Complete all sections of the application.
 - ii. Satisfy educational requirements (see number 2d below) ,or;
 - iii. Substitute six years of practical experience for educational requirements (see number 2 e. iii on page 8).
 - iv. Satisfy one year practical experience requirement.
 - v. Submit the appropriate fees as indicated in the Fees Schedule on page 6.

2. Application Instructions (by section)

- a. **Section I**
 - i. Check the appropriate transaction.
- b. **Section II**
 - i. Fill out each section completely.
 - ii. In the Full Legal Name section, applicants must use the name as it appears on his or her social security card. Do not use any nicknames or initials.
- c. **Sections III (a), (b), and (c)**
 - i. For these sections, provide as much detail as possible.
 - ii. Submit supporting legal documentation, if necessary, with this application.
- d. **Section IV**
 - i. Education Information
 - a. In order to qualify for licensure, an applicant must have completed a professional degree program in landscape architecture as approved by the Landscape Architectural Accreditation Board or qualify through "Practical Experience Substituted for the Education Requirement" (see Section V instructions below).
 - b. List the names of all colleges and universities attended.
 - c. Official transcripts from all colleges, community colleges, technical schools, universities, etc., must be submitted directly from the institution or included in the CLARB Council Record.
 - ii. Examination Information (LARE):
 - a. Applicants are required to take the Landscape Architectural Registration Examination (LARE) developed by the Council of Landscape Architectural Registration Boards (CLARB).
 - i. Administered by CLARB and fees payable to CLARB.
 - ii. Registration and fee information is available through CLARB at www.clarb.org;

- iii. All questions about the LARE should be directed to CLARB at www.clarb.org or 571.432.0332.
 - b. Section F: (Submit your examination and licensure application to DBPR)
 - i. Administered via computer-based testing, which is offered daily by Pearson Vue (the Department's contracted vendor).
 - ii. Upon approval by the board for examination, Pearson Vue will send an official authorization letter.
 - iii. After receipt of the official authorization letter, the applicant should contact the test center at 888.204.6230 for scheduling Section F of the examination
 - iv. Pearson Vue has test centers throughout Florida.
 - v. Applicants may contact the Bureau of Education and Testing for study materials or visit their website at www.myflorida.com/dbpr/servop/testing/index.html.
 - iii. Once the applicant has passed all of the required exams a licensure fee will be due. If the applicant passes all required exams and sends in a fee between August 30th of an odd year and November 30th of an even year a fee of \$230 is due. If the exams are passed and the fee is sent between December 1st of an even year and August 29th of an odd year a fee of \$117.50 is due. Fee amount is based on the payment postmark date.
- e. **Section V**
 - i. This section must be mailed directly to the Department by the professional validating your experience - **copy the form as needed.**
 - ii. All applicants – One Year Practical Experience Requirement
 - a. One year of practical experience shall be 2000 hours of landscape architectural work.
 - b. As of October 1, 1990, Section 481.310, Florida Statutes, requires every applicant for licensure as a registered landscape architect to demonstrate, prior to licensure, one year of practical experience in landscape architecture work.
 - c. Practical experience substituted for the education requirement **may not** be used to satisfy the one-year practical experience requirement.
 - d. Applicants are allowed to test before completing the one-year practical experience requirement.
 - i. If fulfilling one year practical experience requirement after examination, you must submit form DBPR LA 6 before an active license will be issued.
 - iii. Practical Experience Substituted for Education Requirement (Six-Year Applicants):
 - a. Florida law permits individuals who have not completed a professional degree program in landscape architecture from an accredited institution the opportunity to sit for the Landscape Architecture Registration Examination (LARE) if the applicant can demonstrate at least six years of practical experience in landscape architecture.
 - b. Applicants who have earned college credit while attending accredited institutions may apply such credit toward the experience requirement. Each year of education completed in a recognized school shall be considered equivalent to one year of experience, with a maximum credit of four years.
 - c. Experience received prior to March 1, 1987:
 - i. May have been secured under the direct supervision of a landscape architect, architect, engineer or land surveyor.
 - d. Experience received on or after March 1, 1987:
 - i. Must have been secured under the direct supervision of a licensed landscape architect.
 - e. Work Product Review
 - i. Applicants (substituting practical experience for the education requirement) are also required to submit two examples of the following work product, which must have been completed under supervision of the appropriate professional (the appropriate professional is determined based on when the work was completed as noted in the experience requirements above).
 1. Site design, including a master plan.
 2. Staking/layout plan.
 3. Grading plan.
 4. Irrigation plan.
 5. Construction details.
 6. Planting plan with plant list.
 7. Specifications.

- ii. Refer to Rule 61G10-11, F.A.C. for more detailed information on this requirement. A link to the rule can be found under "Statutes and Rules" at www.myfloridalicense.com/dbpr/pro/larch/index.html. The two examples must be submitted with your completed application. They will then be sent to the board for preliminary review. Because the board meets only three or four times per year, it is imperative that plans and applications be submitted as soon as possible.

f. Section VI

- i. Applicant must sign the affirmation of written declaration.

3. Steps After Submitting Application

- a. Applicant must submit proof of passing the LARE through CLARB, with this application. DBPR must receive proof of passing grades before issuing a license.
- b. If fulfilling one year practical experience requirement after examination, applicant must submit form DBPR LA 6 before DBPR will issue a license.