



DO NOT WRITE IN THIS SPACE	
OFFICE RECORD	
DATE RECEIVED	_____
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APPLICATION NO.	_____
CLK'S INITIALS	_____

FORM 1

STATE OF MARYLAND
DEPARTMENT OF LABOR, LICENSING AND REGULATION
STATE BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS
500 N. CALVERT STREET, ROOM 308, BALTIMORE, MD. 21202-3651
landscape@dllr.state.md.us

APPLICATION FOR RECIPROCITY

FEE: \$118 (Fee includes \$50 application fee and \$68 license fee)
Application is filed under the subsection checked: (see directions)
 9-303(b) 9-303(c) 9-303(d) 9-303(e)

1. PERSONAL DATA:

Name:

LAST FIRST MIDDLE
Last name, if different on transcript _____

Address: _____
(Street) (Apt., Suite No.)

(City) _____ (State) _____ (ZIP) _____

(non-US Country) _____

Telephone: Day _____ Evening _____ E-Mail _____

Social Security Number _____ OR, IF NONE,
9-DIGIT PASSPORT NUMBER OR CANADIAN SOCIAL INSURANCE NO. _____

Date of Birth _____ Place of Birth _____

Are you currently licensed as a Landscape Architect in another State? YES NO State _____ Date _____

Have you passed any part or parts of the L.A.R.E.? YES NO State _____ Date _____

Are you submitting a CLARB Council Record? YES NO

2. CONDUCT QUESTIONS

- a. Have you ever had a similar license to practice landscape architecture denied, suspended or revoked in Maryland or another State? YES NO
- b. Have you ever been convicted in any State or Federal Court of a felony or of a misdemeanor directly related to the fitness and qualification to practice landscape architecture? YES NO
- c. Have you ever been found guilty of misconduct, incompetence, or gross negligence while practicing landscape architecture in any jurisdiction? YES NO
- d. Have you been convicted of or received probation before judgment of any drug offense committed after January 1, 1991? YES NO

If you answered YES to any question, submit a letter giving complete explanation of the circumstances involved, along with a true test copy of the applicable court documents, if available.

3. EDUCATION

Name of College or University	Degree	Graduation Date
Name of College or University	Degree	Graduation Date
<input type="checkbox"/> check if additional information attached NOTE: An official academic transcript must be sent to the Board's office directly from the college registrar. Transcripts marked "issued to student" will not be accepted. Foreign Degree applicants - See the instructions.		

4. EXPERIENCE

The RPE numbers below must correspond to the numbers in the RPE boxes at the top right corner of the individual RPE Forms.

RPE FORM No.	Company or Employer Name (Enter earliest engagement first)	Name of Endorser (If any)	Dates of Employment Mo/Yr to Mo/Yr	Total Time Years/Mos
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
TOTAL Experience Claimed:			_____	_____
			Years	Months

5. CERTIFICATION

"I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I further authorize the release of any information contained within this agreement to an authorized representative of the Department of Labor, Licensing and Regulation for further investigation. I certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor, Licensing and Regulation or have provided for payment in a manner satisfactory to the unit responsible for collection."

Signature of Applicant _____ DATE _____

In accordance with Executive Order 01.01.1983-18, the Department of Labor, Licensing and Regulation is required to advise you as follows regarding the collecting of personal information: Personal Information requested by the licensing agency of the Department is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the agency to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his/her personal record and to amend or correct the personal data if necessary. Personal information is generally available for inspection by the public only in accordance with the Public Information Act. Personal information is not routinely shared with state, federal or local government agencies.

Form 2
 STATE OF MARYLAND
 DEPARTMENT OF LABOR, LICENSING AND REGULATION
 STATE BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS
 REPORT OF PROFESSIONAL EXPERIENCE (RPE)

RPE No: _____
SHEET NUMBER _____ OF _____

INSTRUCTIONS TO APPLICANT: After reading instructions, complete Section I and Section III (Page 2), make a copy for your records, Forward this original **RPE Form** to your endorser who must be a licensed Landscape Architect; or, if not, refer to Instructions. Be sure the RPE number in this box at the top right corner of this form corresponds with the appropriate RPE number and information on page 2 of **Form 1**.

SECTION 1: TO BE COMPLETED BY APPLICANT.

Name: _____
LAST FIRST MIDDLE

Telephone (home) _____ (work) _____ - _____ - _____
Social Security Number

Experience described in Sec. 3 of this **RPE form** was obtained while employed by:

Firm or Organization Name: _____

Endorser's Name: _____

TIME PERIOD: Beginning _____ Ending _____ Full Time Part Time, _____ hrs/ per wk
 I hereby certify that the work experience described on the reverse side of this **RPE Form** and the time claimed for that experience are true and accurate.

APPLICANT'S SIGNATURE **DATE**

SECTION 2: TO BE COMPLETED BY ENDORSER

DO NOT RETURN ORIGINAL TO THE APPLICANT.

ENDORSER MUST BE A Licensed Landscape Architect, or refer to instructions

1. Read carefully the applicant's Report of Professional Experience on the back of this RPE Form and any continuation sheets.
2. Provide the requested information below and answer questions 1-6. Please type or print clearly.
3. If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Board relative to the applicant, please submit a separate letter with this form. If you do so, please identify the applicant by full name and social security number in your letter and indicate that they are an applicant for the landscape architecture examination.
4. SIGN THE ENDORSER'S AFFIDAVIT IN SECTION 4 OF THIS FORM AND AT THE BOTTOM OF EACH **RPE CONTINUATION SHEET (Form 2a)**, IF ANY. If you do not sign this affidavit, please explain in a separate letter and attach it to this form, and mail directly to:

Maryland Department of Labor, Licensing and Regulation
 State Board of Examiners of Landscape Architects
 500 N. Calvert Street, Room 308
 Baltimore, Maryland 21202-3651

Endorser's Name _____

Current Address _____
STREET CITY STATE ZIP

Daytime _____ E-Mail: _____

Licensed Landscape Architect in _____ License No _____

WITH RESPECT TO THE APPLICANT'S REPORT OF PROFESSIONAL EXPERIENCE AS DESCRIBED IN SECTION 3:

1. Does the description accurately reflect the work personally performed by the applicant? YES NO
2. Does the time claimed by the applicant for this experience reasonably reflect the actual time? YES NO
3. Was the applicant's work performed in an adequate and professional manner? YES NO
4. Are you attaching a separate letter with additional information about the applicant? YES NO
5. IDENTIFY YOUR WORK RELATIONSHIP WITH THE APPLICANT AT THE TIME. IF NONE, PLEASE EXPLAIN.

6. CHECK if Additional Comments attached.

SECTION 3. TO BE COMPLETED BY APPLICANT.

A. Briefly describe your general landscape architecture experience during your employment with the firm named in Section 1.

B. Describe, in separate listings, specific categories of landscape architecture work you personally performed while employed by the firm named. Use specific assignments as examples and describe how these comply with the definition of "Practice Landscape Architecture" in the Instructions. 2. Indicate separately in the TIME column at the right, the time you spent on each.

1. Were you supervised by a Landscape Architect? YES NO

If you need more than one endorser from a single firm, USE SEPARATE RPE FORMS FOR EACH ENDORSER. If you do not have sufficient space on this form to report the experience to be verified by a single endorser, use additional RPE Continuation Sheets (**Form 2a**). BOTH YOU AND YOUR ENDORSER MUST SIGN EVERY SHEET.

Indicate the number of extra RPE CONTINUATION SHEETS (Form 2a) for this endorser. If zero enter "0"

Types of Landscape Architecture Work	TIME	
	YRS	MOS
TOTAL THIS SHEET		

C. Describe briefly your personal level of responsibility or authority for the work described above. Explain any changes in your title resulting from promotions or other job changes during this period of employment.

SECTION 4: ENDORSER'S AFFIDAVIT (Also complete Section 2 on other side.)

I have read the applicant's Report of Professional Experience, I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and ability and that, except as otherwise noted on the front of this form, or in attached correspondence, the work experience described by the applicant and the time claimed therefore are generally true and accurate.

Endorser's Signature

Date

Endorser's License # _____ State: _____

SEAL

I cannot so certify. Letter of explanation attached.

Form 3

REQUEST FOR VERIFICATION OF LICENSURE/EXAMINATION

TO: Maryland State Board of Examiners of Landscape Architects
 500 N. Calvert Street Room 308 Baltimore, Maryland 21202-3651
 (410) 230-6256 • FAX: (410) 333-0021

APPLICANTS: INCLUDE POSTAGE PAID, ADDRESSED ENVELOPE WHEN FORWARDING TO ANOTHER STATE BOARD FOR RETURN TO ABOVE ADDRESS

BOARD OF LICENSURE/EXAMINATION	PERSONAL DATA (Completed by Licensee)
FROM: <hr/> STATE BOARD <hr/> ADDRESS (CITY) (STATE) (ZIP)	<hr/> NAME OF APPLICANT <hr/> ADDRESS (CITY) (STATE) (ZIP) Social Security No. _____

STATE VERIFICATION INFORMATION (Completed by State Board Providing Verification)

THE ABOVE NAMED PERSON WAS LICENSED AS A LANDSCAPE ARCHITECT	LICENSE NUMBER	DATE ISSUED	VALID UNTIL	DATE APPLIED
_____	_____	_____	_____	_____

BASIS OF LICENSURE			
1. <input type="checkbox"/> WRITTEN EXAMINATION :			
EXAMINATION SUBJECT	PASSING GRADE	CLARB EXAM?	DATE PASSED
2. <input type="checkbox"/> ORAL EXAMINATION - PLEASE GIVE DETAILS			
3. <input type="checkbox"/> BY RECIPROCITY WITH THE STATE OF			
4. <input type="checkbox"/> OTHER			

DISCIPLINARY QUESTIONS	
1. Has any disciplinary action ever been taken against the applicant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. If so, has this disciplinary case been satisfied to the Board's requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO If not, please note on back

BY: _____ Date: _____

TITLE _____ BOARD SEAL

APPLICATION FOR LANDSCAPE ARCHITECT LICENSE BY RECIPROCITY

Maryland Board of Examiners of Landscape Architects
500 N. Calvert Street, Room 308, Baltimore, MD 21202
410-230-6256 fax 410-333-0021
landscape@dllr.state.md.us

REQUIREMENTS FOR LANDSCAPE ARCHITECT LICENSE BY RECIPROCITY

I. HOW TO QUALIFY

An applicant may qualify for licensure by reciprocity who:

1. Is licensed to practice landscape architecture in another state;
2. provides adequate evidence that, at the time the applicant was licensed in the other state, the applicant was required to pass an examination and meet qualifications that were substantially equivalent to the examination and qualifications in Maryland.

There are four options under which to apply:

Section 9-303(b) GRADUATION FROM COLLEGE OR SCHOOL OF LANDSCAPE ARCHITECTURE.

An applicant qualifies under this section if the applicant:

- (1) has been graduated from a college or school of landscape architecture that holds accredited status from the national Landscape Architectural Accreditation Board; and
- (2) has at least 2 years of work experience in landscape architecture that is:
 - (i) under the responsible charge of a licensed landscape architect or other authorized individual; and
 - (ii) otherwise satisfactory to the Board.

Section 9-303(c) NONACADEMIC OPTION.

An applicant qualifies under this section if the applicant:

- (1) has been graduated on completion of at least a 4-year curriculum in a design-related discipline from a college or university that is accredited by, or is a constituent unit of an institution accredited by, the middle states association of colleges and schools or the equivalent regional accrediting association of other regional areas; and
- (2) has at least 4 years of work experience in landscape architecture that is:
 - (i) under the responsible charge of a licensed landscape architect or other authorized individual; and
 - (ii) otherwise satisfactory to the Board.

Section 9-303(d) GRADUATED FROM NONDESIGN-RELATED DISCIPLINE.

An applicant qualifies under this section if the applicant:

- (1) has been graduated on completion of at least a 4-year curriculum in a non-design related discipline from a college or university that is accredited by, or is a constituent unit of an institution accredited by, the middle states association of colleges and schools or the equivalent regional accrediting association of other regional areas; and
- (2) has at least 6 years of practical work experience in landscape architecture that is:
 - (i) under the responsible charge of a licensed landscape architect or other authorized individual; and
 - (ii) otherwise satisfactory to the Board.

Section 9-303(e) HIGH SCHOOL GRADUATE.

(1) An applicant qualifies under this section if the applicant:

- (i) is a high school graduate or the equivalent; and
- (ii) has at least 8 years of practical work experience in landscape architecture that is:
 1. under the responsible charge of a licensed landscape architect or other authorized individual;
 2. otherwise satisfactory to the Board.

(2) The Board may count each full year of study at a college or school of landscape architecture that meets the criteria set forth in Section 9-303(b) above as one of the years of the work experience required under this subsection.

FOREIGN DEGREE APPLICANTS must have their degree evaluated by a recognized credential evaluation service before submitting an application to the Maryland Board for review. See www.naces.org for a list of evaluation companies.

II. ACCEPTABLE LANDSCAPE ARCHITECTURE EXPERIENCE

Acceptability of work experience toward fulfillment of the requirements for examination or licensure is determined, in part, by the extent to which the general characteristics of that work conform with the definition of "practice landscape architecture" as set forth in Business Occupations and Profession Article, Section 9-101(j).

(1) "Practice landscape architecture" means:

(i) to provide any service or creative work in the analysis or design of land and natural resources that requires training and experience in the application of the biological, physical, mathematical, and social sciences; and

(ii) to perform design coordination of a project or portion of a project provided that the licensed landscape architect holds a current license issued by the Board and has adequate education and experience in, and understanding of, the project or portion of the project being coordinated.

(2) "Practice landscape architecture" includes:

(i) consultation, research, analysis, assessment, selection, and allocation of land and natural resources;

(ii) development of graphic, written, digital, and other appropriate criteria to govern the planning and design of land development and construction programs, including:

1. preparation, review, and analysis of master plans, site plans, and land development plans;

2. reconnaissance, planning, design, and preparation of construction documents;

3. construction, observation, administration, and project management;

4. preservation, restoration, conservation, reclamation, rehabilitation, and management of land and natural resources;

5. preparation of feasibility and site selection studies, environmental studies, and cost estimate reports; and

6. design and analysis of grading and drainage, irrigation, erosion and sediment control systems, and pedestrian and vehicular circulation systems; and

(iii) in conjunction with site plan preparation, the performance of the following:

1. determining a grade;

2. determining drainage; and

3. preparing and designing storm water drainage systems provided that the preparation and design:

A. are in accordance with design manuals, details, and standards accepted by the State or

local authorities; and

B. do not require a hydraulic or structural design of system components.

(2) Responsible charge. -- "Responsible charge" means direct control and personal supervision of landscape architecture services that requires initiative, professional skill, and independent judgment.

III. HOW TO PROVIDE EVIDENCE OF LANDSCAPE ARCHITECTURE EXPERIENCE

1. For each employment, identify each person from whom you will seek an endorsement. Ideally, your endorser should be the licensed landscape architect who is/was the immediate supervisor of your work.

2. If you are unable to obtain a supervisor's endorsement, select another person with whom you worked and who is sufficiently knowledgeable about your work to attest to the accuracy of your experience description.

3. If you cannot get an endorsement from a licensed landscape architect, the RPE can be signed by engineers, architects, land surveyors, homeowner/clients and others providing that the experience is acceptable to the Board.

IV. CHECKLIST

- ___ Form 1
- ___ Form 2
- ___ Form 2a (if needed for additional space from Form 2)
- ___ Official transcript(s)
- ___ Evaluation of foreign degree(s), if applicable
- ___ CLARB Council Record, if applicable
- ___ Form 3 - Verification of Licensure/Examination

SPECIFIC INSTRUCTIONS FOR EACH FORM FOLLOW....

INSTRUCTIONS FOR COMPLETING THE APPLICATION AND FORMS

FORM 1 – APPLICATION FOR RECIPROCITY

First, check under which section of the law your application is being made - (b), (c), (d), or (e).

SECTION 1. - PERSONAL DATA

Applicant must complete all items of Section 1.

- If you do not have a social security number, you must furnish a 9-digit passport number or a Canadian social insurance number in the space provided. In addition you must submit an explanation as to why you do not possess a social security number and are required to sign a notarized affidavit to that effect. The affidavit form is available by call 410-230-6256.
- If you have a CLARB council record, you must contact CLARB to have your council record forwarded to the Maryland Board of Examiners of Landscape Architects.

SECTION 2. - CONDUCT QUESTIONS

If you answered "YES" to any question, submit a letter giving complete explanation and a true test copy of the applicable court document(s), if available, of the circumstances involved.

SECTION 3. - EDUCATION

List the names of the colleges/university attended and the type of degree(s) earned, and the date(s) of graduation. An official transcript must be sent to the board office directly from the college registrar. Transcripts marked "issued to student" will not be accepted. To determine if the college program is LAAB accredited, go to www.laab.org.

SECTION 4. - EXPERIENCE

Begin with the earliest employment. For each separate employment, identify each person from whom you will seek an endorsement. In general, your endorser should be the person who is/was the immediate supervisor of your work. If you are unable to obtain a supervisor's endorsement, select another person with whom you worked who is sufficiently knowledgeable about your work to attest to the accuracy of your experience description. If part of your experience results from self-employment, endorsement can be from a responsible subordinate or from a client for whom you provided professional services.

SECTION 5. - CERTIFICATION.

All applicants must certify the information provided by signing and dating the form.

FORM 2/2A – REPORT OF PROFESSIONAL EXPERIENCE. FORM - RPE FORM

In the upper right hand corner, write the number that corresponds with the numbers you entered on the endorser list that you completed in Section 5 on Form 1.

SECTION 1.

Enter your complete name, telephone number(s) and social security number. Name the firm/organization and endorser from whom you will obtain your work experience report. Please use separate RPE forms for each endorser, even if they work for the same company. If your work for the same company was interrupted with other employment experiences, use a separate RPE form for each of those employments, even if they are to be endorsed by the same person. This is required so that your experience may be accounted for chronologically. For each separate employment, identify each person from whom you will seek an endorsement. In general, your endorser should be the person who is/was the immediate supervisor of your work. If you are unable to obtain a supervisor's endorsement, select another person with whom you worked who is sufficiently knowledgeable about your work to attest to the accuracy of your experience description. If part of your experience results from self-employment (e.g. as a licensee in another state), endorsement can be from a responsible subordinate or from a client for whom you provided professional services.

SECTION 2. TO BE COMPLETED BY ENDORSER..

SECTION 3.- COMPLETE PARTS A, B AND C OF THIS SECTION

Part A should be a precise description of your landscape architecture duties. This section can be stated in general terms and should indicate your TITLE.

Part B should contain a DETAILED description of your specific landscape architecture work. If you need more space than is provided in Part B for your description, use FORM 2a, the RPE continuation sheet. Make sure you enter the appropriate Endorser Number in the box at the top right corner of FORM 2a. When preparing the description of your experience, be specific about your personal Contribution to Landscape Architecture projects to which you were assigned; avoid terms like "participate in", "involved with", or similar generalities.

Acceptability of work experience toward fulfillment of the requirements for examination or licensure is determined, in part, by the extent to which the general characteristics of that work conform with the definition of 'Practice landscape architecture' as set forth in Business Occupations and Profession Article, Section 9-101(j).

Regardless of the total time claimed on a single RPE sheet, break the total time down into segments. Each of which describes one kind of work you have performed, providing for each segment a sufficiently detailed description of your personal activities to allow the Board to make a proper evaluation of that work and indicating in the time column the total time you spent on that specific kind of work.

In the column to the right of Part B, enter the time claimed for the experience described on that page in years and months. At the bottom of the time column, total the times claimed for that endorser, including RPE Continuation Sheets (Form 2a), if used. If you use RPE Continuation Sheets (Form 2a), enter the number of such sheets used for each RPE form at the bottom of Part B of that form. If you did not use RPE Continuation Sheets (Form 2a), enter "O".

Complete Part C of Section III, providing a brief description of your level of responsibility for the work described in Part B of Section III.

SECTION 4. - TO BE COMPLETED BY THE ENDORSER.

FORM 2A – RPE CONTINUATION SHEET

If the written description of your experience with an endorser will not fit on one RPE Form 2, use as many copies of the RPE Continuation Sheet, Form 2a as necessary to complete the description. This form maybe photocopied.

In the top right corner of the Continuation Sheet, enter the endorser number from the RPE Form to which the Continuation Sheet relates. Number the Continuation Sheets for each RPE Form separately, such that the first Continuation Sheet for each endorser is number “2” of “X” (X being the total number of sheets including the RPE Form 2 and all Form 2A Continuation Sheets).

Use the time column on the RPE Continuation Sheet in the same manner in which you used the time column on the RPE Form 2. For each Continuation Sheet, the boxes at the bottom of the time column should indicate the total time claimed on that sheet and the cumulative total time for all sheets, including the RPE Form2 up to and including that sheet.

The last Continuation Sheet for an endorser should indicate, in the last box, the total time claimed for experience while working with that endorser.

Arrange the RPE Form 2 and the Continuation Sheets, Form 2a, for each endorser in order, with the RPE Form 2 on top, and staple them using a single staple in the top left hand corner, before transmitting them to your endorsers.

In addition to the RPE Form 2, every Continuation Sheet, Form 2a, must be signed by your endorser.

FORM 3 - REQUEST FOR VERIFICATION OF LICENSURE

This form must be used to submit verification of current license/examination grades in another state if a CLARB Council record is not being submitted.

Applicant completes the following sections of the form:

BOARD OF CURRENT LICENSURE - Enter the name and address of the State Board from which verification of licensure is being sought. If unsure of the mailing address, consult www.clarb.org for a directory of all state boards.

PERSONAL DATA - Enter your name, address and social security number in the spaces provided.

Contact the Board where you are currently licensed to learn their procedures for requesting verifications. If you are not currently licensed in the State where you took and passed the exam, you have to request a verification from that state also.