

MONTANA BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS

301 South Park, 4TH Floor – Delivery
PO Box 200513
Helena, Montana 59620-0513
(406) 444-5711

E-MAIL: dlibsdlar@mt.gov WEBSITE: www.landscapearchitect.mt.gov

LANDSCAPE ARCHITECT

Illegible and incomplete applications will be returned.

GENERAL INSTRUCTIONS: Applicants for licensure shall complete the entire application unless you hold a current CLARB record. If you hold a current complete CLARB you do not need to complete the practical experience list (#29) or provide the Experience Detail Sheet(s).

GENERAL INFORMATION:

The Montana Board of Architects and Landscape Architects does not have temporary licensure.

All non-routine applications are reviewed by the Board at their next scheduled board meeting. All applications without a complete CLARB record are considered non-routine.

FEES: \$325.00 Application Fee

Make check or money order payable to the Montana Board of Architects and Landscape Architects. Application fees are non refundable. Please do not send cash.

Education and Experience

Applicants for licensure must meet one of the following minimum education and experience requirements. (This requirement is evidenced by a complete CLARB record or other acceptable documentation indicated.)

(1) An applicant with an accredited landscape architect degree must have at least two years of practical experience in landscape architecture **or**

(2) An applicant with a nonaccredited landscape architect degree must have three years of practical experience in landscape architecture **or**

(3) An applicant with a bachelor's degree must have four years of practical experience in landscape architecture **or**

(4) An applicant with an associate's degree must have six years of practical experience in landscape architecture **or**

(5) An applicant with no post-secondary education must have eight years of practical experience in landscape architecture.

Two-thirds of the experience must be gained under the supervision of a licensed landscape architect. The remaining experience can be obtained under the supervision of a licensed civil engineer, licensed architect, or a city planner certified by a nationally recognized certifying body, and is subject to review and approval by the board.

All applicants for licensure must successfully pass the landscape architect registration exam (LARE).

REQUIRED DOCUMENTS:

Evidence supporting qualifications for licensure include:

A complete CLARB record **OR**

Proof of education and professional experience, which must include:

- official college or university transcripts sent directly from the college or university;
- experience detail sheets verified by the licensed design professional under whose supervision you worked. It is your responsibility to provide the board office with appropriate verification of licensure of the supervising design professional during your and employment; and
- verification of successful completion of the landscape architect registration examination.

If you hold, or have ever held a license in another jurisdiction, we must receive a license verification directly from that jurisdiction.

APPLICATION PROCEDURES:

- If the application is considered non-routine, it will require Board review and there will be a delay in processing. **Please be aware that all applications for licensure without a complete CLARB record are considered non-routine and will require board review which may take up to 120 days.**
- All verifications of licensure must be sent directly from each state board in which you currently or have ever been licensed. You may make copies of the attached verification request form as needed (page 9 if the application), or the jurisdiction may provide their own form. Some states may charge a fee for verifications.
- Keep the board office informed at all times of any address changes, changes in licensure status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- A routine application may take up to 30 days to process once it is complete.
- **PLEASE NOTE: In accordance with 24.114.1401 (3) The applicant must correct any deficiencies and resubmit the application within 60 days or the application will be treated as voluntary withdrawn. After a voluntary withdrawal, an applicant must submit an entirely new application and nonrefundable fee(s) to begin again.**
- Please be sure the supervisor(s) you list verify and sign the experience detail sheet. The experience detail sheet must accompany your application.

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LANDSCAPE ARCHITECT APPLICATION

Complete routine applications with a CLARB record will be processed within 30 days

Please check one of the following licensure methods:

COMPLETE CLARB RECORD
\$325.00- Application Fee

OR

NO CLARB RECORD
\$325.00 – Application Fee

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

6. PREFERRED MAILING ADDRESS Business Home

7. E-MAIL _____

8. TELEPHONE (____) _____ (____) _____ (____) _____
Business Home Fax

9. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

10. DATE OF BIRTH _____ 11. FEMALE MALE

12. QUALIFICATIONS REQUIRED TO APPLY FOR LICENSURE: (CHECK ONLY ONE BOX)

An applicant with an accredited landscape architect degree must have at least two years of practical experience in landscape architecture or

An applicant with a nonaccredited landscape architect degree must have three years of practical experience in landscape architecture or

An applicant with a bachelor's degree must have four years of practical experience in landscape architecture or

An applicant with an associate's degree must have six years of practical experience in landscape architecture or

An applicant with no post-secondary education must have eight years of practical experience in landscape architecture.

13. PROFESSIONAL EDUCATION: List all of the colleges, universities, and institutions where you have obtained official transcripts. Please have all transcripts sent directly to the board office. **If you have a CLARB record, please complete this information but you are not required to request transcripts.**

Name of University of College	City and State/Province/Territory	Dates attended	Degree (s) Earned

14. PROFESSIONAL LICENSES:

List all professional licenses you hold or ever have held. License verification must be sent directly to Montana from each state where the applicant has been licensed.

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested State Verification
						Yes No
						Yes No
						Yes No

DISCIPLINARY QUESTIONS:

All applicants must answer the following questions. If you answer, "yes" to any of these questions, attach a detailed explanation on a supplemental sheet containing names of organizations, dates, reasons, and outcome. If you answer "yes" to any question that relates to disciplinary action, attach copies of the document that initiated each action and all final orders. Section 37-1-105 MCA, requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.

- | | | |
|---|-----|----|
| 15. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 16. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 17. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 18. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 19. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 20. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 21. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 22. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 23. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |

24. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No

25. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution.

If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. Yes No

26. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No

27. Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. Yes No

28. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source. Yes No

29. PRACTICAL EXPERIENCE IN LANDSCAPE ARCHITECTURE (if no CLARB record):

Please type or print names and addresses of the licensed design professional under whose supervision the applicant has worked and will be verifying work experience.

Name:
Complete Address:
Telephone Number:
Dates of Practical Experience:

Name:
Address:
Telephone Number:
Dates of Practical Experience:

Name:
Address:
Telephone Number:
Dates of Practical Experience

Name:
Address:
Telephone Number:
Dates of Practical Experience:

Name:
Address:
Telephone Number:
Dates of Practical Experience:

Name:
Address:
Telephone Number:
Dates of Practical Experience:

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history, and competence to practice, by anyone who might possess such information, to the Montana Board of Architects and Landscape Architects

I hereby declare the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

VERIFICATION OF LICENSURE

PLEASE COMPLETE THE TOP SECTION OF THIS FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A LANDSCAPE ARCHITECT. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice Landscape Architecture in the State of Montana. The Board of Landscape Architect requires this form to be completed by each state wherein you hold or ever have held a Landscape Architect license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF LANDSCAPE ARCHITECTS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

License number: _____ Social Security number: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF LANDSCAPE ARCHITECTS

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

License is current? _____ If NO, explain _____

Has license been suspended, revoked, placed on probation, or otherwise disciplined? _____

If YES, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____
Title: _____
State Board: _____ Date: _____