

**MONTANA BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS**

301 South Park, 4<sup>TH</sup> Floor – Delivery

PO Box 200513

Helena, Montana 59620-0513

(406) 444-6880

E-MAIL: [dlibsdlar@mt.gov](mailto:dlibsdlar@mt.gov) WEBSITE: [www.landscapearchitect.mt.gov](http://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.
- Official verification of licensure form from states or jurisdictions you hold or have ever held a license in.

## **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 10 of 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

15. 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:
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:

## **PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE**

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

**CONTINUE TO NEXT PAGE**

### PERSONAL HISTORY QUESTIONS

- |   |     |    |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?   | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?  | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?  | Yes | No |
| 5. Have you ever withdrawn an application for any professional license?   | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?  | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)  | Yes | No |

Note on Questions 8 and 9: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

- |  |     |    |
|--|-----|----|
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?                                 | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- |   |     |    |
|---|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 11. Are you now subject to criminal prosecution or pending criminal charges?  | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?   | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?  | Yes | No |

- |  |     |    |
|--|-----|----|
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?  | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?   | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?  | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?  | Yes | No |

I authorize the release of information concerning 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 that the information included in this 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PLEASE REVIEW THE MONTANA LAWS AND RULES AT [www.landscapearchitect.mt.gov](http://www.landscapearchitect.mt.gov)





**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: \_\_\_\_\_