

APPLICATION FOR LANDSCAPE ARCHITECT REGISTRATION

\$75.00 APPLICATION FEE

Fee Amounts:

- ☐ APPLICATION FEE \$75.00
☐ INITIAL LICENSURE FEE \$200.00

Application fees are non-refundable.
All license information provided is public information

This form may be filled in using your computer. Enter information in the gray boxes and tab from box to box to move through the form. If you prefer to use a pen, be sure to print legibly. Attach additional pages if more space is required to respond to questions in any section.

Full name:		
Business street address:		
Business city:	State:	Zip:
Residence street address:		
Residence city:	State:	Zip:
Business phone:	Home phone:	
E-Mail Address: <i>All correspondence (including renewal notices) will be delivered to the email address provided.</i>		
Name as you want it to appear on certificate:		
I hereby apply by the following method for a certificate of registration to practice Landscape Architecture: <input type="checkbox"/> Written examination <input type="checkbox"/> CLARB certified <input type="checkbox"/> CLARB Council Record <input type="checkbox"/> By virtue of a current certificate or registration in another state I hold other registration or certification as follows: (List Landscape architect, architectural, engineering, planning, etc., registration or certification presently in good standing, state and year in which these were acquired.)		
EDUCATION HISTORY		
All education must be verified by certified transcripts forwarded directly from the office of the registrar of the educational institution attended.		
Name of High School/Preparatory School	Dates Attended	Grade Completed



Name of Other Education—College, university, technical schools	Attended from - to	Degree
Travel, continuing education, research, publications—Attach extra pages if necessary.		
Professional Organization Service		
<i>Name of Organization</i>	<i>Address</i>	<i>Name of Secretary</i>
PRACTICAL EXPERIENCE - Board will verify experience. For any part time work, indicate average number of hours worked per week. If other kinds of work are noted, describe. Begin with earliest. Include military and other (describe). Attach extra pages if necessary when filling in manually. Entry areas will expand if filled in using computer.		
1. Full name of employer:		Professional credentials:
Complete address:		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Dates of employment (month/year): From:	To:
Experience: <input type="checkbox"/> General practice <input type="checkbox"/> Teaching and research <input type="checkbox"/> Public service		
Duties:		
Character of work, location of work, connection with work, and degree of responsibility:		
2. Full name of employer:		Professional credentials:
Complete address:		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Dates of employment (month/year): From:	To:
Experience: <input type="checkbox"/> General practice <input type="checkbox"/> Teaching and research <input type="checkbox"/> Public service		
Duties:		
Character of work, location of work, connection with work, and degree of responsibility:		
3. Full name of employer:		Professional credentials:
Complete address:		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Dates of employment (month/year): From:	To:
Experience: <input type="checkbox"/> General practice <input type="checkbox"/> Teaching and research <input type="checkbox"/> Public service		



Duties:			
Character of work, location of work, connection with work, and degree of responsibility:			
4. Full name of employer:		Professional credentials:	
Complete address:			
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	Dates of employment (month/year): From:	To:
Experience:	<input type="checkbox"/> General practice	<input type="checkbox"/> Teaching and research	<input type="checkbox"/> Public service
Duties:			
Character of work, location of work, connection with work, and degree of responsibility:			
5. Full name of employer:		Professional credentials:	
Complete address:			
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	Dates of employment (month/year): From:	To:
Experience:	<input type="checkbox"/> General practice	<input type="checkbox"/> Teaching and research	<input type="checkbox"/> Public service
Duties:			
Character of work, location of work, connection with work, and degree of responsibility:			
PUBLIC AND COMMUNITY SERVICE			
REFERENCES -- Provide names and addresses of three responsible references, other than relatives, partners in business, or members of this Board, having personal knowledge of applicant's good moral character and repute, and professional reputation. At least one reference should be experienced in the profession of landscape architecture.			
1.	Name:		
Address:			
2.	Name:		
Address:			
3.	Name:		
Address:			



I, the undersigned, do hereby depose and state under penalty of perjury, I am the person described in this application, that this application contains no willful misrepresentation and that the information given by me is true, correct, and complete to the best of my knowledge and belief.

I further certify that upon licensure, I will familiarize myself with the rules and regulations governing respiratory care practitioners in New Mexico and I fully understand that I bind myself to be governed by them should I be approved for licensure.

APPLICANT'S NAME: _____

APPLICANT'S
SIGNATURE: _____ **DATE:** _____

