

Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219-8689
www.pcshq.com

**Licensure by Reciprocity Application
for the
Commonwealth of Massachusetts Board of Registration of
Landscape Architects**

The Commonwealth of Massachusetts Board of Registration for Landscape Architects has authorized Professional Credential Services (PCS) to process its Landscape Architects licensure applications. **Licensure by Reciprocity Applicants for a license in Landscape Architects must submit all of their information, as indicated in these instructions, directly to the Commonwealth of Massachusetts, Division of Licensure, Board of Registration for Landscape Architects, 1000 Washington Street, 7th Floor, Boston, MA 02118.** The Commonwealth of Massachusetts Board of Registration for Landscape Architects is the final authority with respect to eligibility and issuance of the license.

LICENSURE BY RECIPROCITY APPLICATION PACKET

Included in this packet are the *Candidate Information Bulletin (CIB)*, *First-Time Licensure by Examination Application*, *Reference Form*, and *Verification of Registration Form*. All candidates must complete the licensure application, typewritten or printed in blue or black ink.

APPLICATION INSTRUCTIONS

Candidates who hold a valid and current license in another state must use *the Licensure by Reciprocity Application* to apply for licensure. The Commonwealth of Massachusetts Board of Registration of Landscape Architects must receive the following to process your application:

- a. A completed *Licensure by Reciprocity Application for Landscape Architects* including a 2x2 passport type photo and any supporting documentation.
- b. Official transcript from your college or university. Official transcripts must include your graduation date and carry the official seal of the school. Official transcripts must be in their original sealed envelope from the school. Envelopes that have been opened by the candidate will not be accepted.
- c. A total of five (5) completed *Reference Forms*, three (3) of which should be from registered Landscape Architects. A registered Architect or a registered Professional Engineer may be substituted for one Landscape Architect reference. The licensed references need to have 10 or more years experience. Two (2) of the required *Reference Forms* may be completed by individuals who can attest to your character. Relatives may not complete the *Reference Forms*. All *Reference Forms* must be in sealed envelopes. Envelopes that have been opened by the applicant will not be accepted.
- d. A *Verification of Registration Form* completed by the state board in which you have taken your examination and/or registration. This form may be sent directly to the Commonwealth of Massachusetts Board of Registration of Landscape Architects or returned to the candidate in a sealed envelope.
- e. Application fee \$66. Payments may be made with a certified check or money order. Please make certified checks or money orders made payable to the Commonwealth of Massachusetts and include your SSN on the front of the payment. Fees are non-refundable and non-transferable.

Applications are accepted on an on-going basis. Complete applications are processed on a first come, first served basis. Applications are reviewed for completeness and for approval. The Board usually meets on the second Friday of each month to review applications. PCS must receive completed applications by March 1 in order to forward them to the Board in a timely manner for the June examination. Though there is no deadline, candidates are encouraged to submit their application as early as possible to avoid a delay in the examination process. Incomplete applications will be returned to the candidate.

BOARD REVIEW OF APPLICATION

Upon Board review of candidate applications, the board will notify PCS of approval status.

Board approved candidates must complete the PCS *Scheduling Form* to take Section F of the LARE examination and submit it to PCS with the appropriate examination fees.

SECTION F: MASSACHUSETTS STATE SPECIFIC EXAMINATION (Applies to all candidates)

Section F is the State Specific Examination. This examination is a pencil and paper examination offered in June for First-time eligible candidates and June and December for eligible Repeat candidates. Candidates are given four (4) hours to complete this section. The examination's content domains are from the Code of Massachusetts Regulations (CMR) and the General Laws of Massachusetts.

EXAMINATION CONTENT AND PREPARATION

All applicants are required to obtain a copy of the Rules and Regulations (242 CMR) from the State Book Store at:

Massachusetts State Book Store
State House
Room 114
Boston, MA 02133

617-727-2834

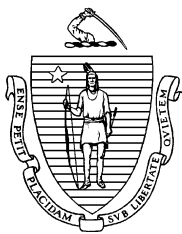
MATERIALS TO BE SUBMITTED

If you are applying for Licensure by Reciprocity:

1. A completed *Application for Licensure by Reciprocity for Landscape Architects*, including a 2x2 passport type photo and any supporting documentation.
2. Official transcript from your college or university in a sealed envelope;
3. A completed *Verification of Registration Form*;
4. Five (5) completed *Reference Forms* in sealed envelopes;
5. Application fee \$66 (Certified Check or Money Order) made payable to the Commonwealth of Massachusetts.

MAIL COMPLETED APPLICATION MATERIALS TO:

**Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington St, 7th Floor
Boston, MA 02118**



The Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington Street, 7th Floor, Boston, MA 02118
Board of Landscape Architects

www.mass.gov/reg

617-727-3072

Reciprocity Application – Fee \$66.00

Application for Licensure by Reciprocity for Landscape Architects

A. Biographical Information.

Provide your full name date of birth, Social Security Number, 2x2 photo, and mailing address. It is very important that this section be completed in full.

***Social Security Number** must be disclosed per state and federal law. No license will be issued without a Social Security Number.

First Name Middle Initial Last Name Other (Maiden)

Date of Birth Place of Birth Social Security Number*

Are you a citizen of the United States? ☐ Yes ☐ No

Have you previously filed an application? ☐ Yes ☐ No

Current License #: _____

Current License State: _____

License Expiration Date: _____

Please attach
a recent
2" x 2"
photograph
here

Print your name as it should appear on your license

Permanent Mailing Address and Contact Information

Street or PO Box

City State Zip Code

Telephone Number with Area Code Fax Number Email address

Business Mailing Address and Contact Information

Street or PO Box

City State Zip Code

Telephone Number with Area Code Fax Number Email address

B. Disciplinary Questions.

Answer each of the questions listed. **If you answer yes to any, please attach an explanation.** All questions must be answered.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? (If yes, please provide a detailed explanation on a separate sheet of paper.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100 was assessed? (If yes, please provide a detailed explanation on a separate sheet of paper.) | <input type="checkbox"/> | <input type="checkbox"/> |

C. (CONTINUED) Disciplinary Questions. Answer each of the questions listed. **If you answer yes to any, please attach an explanation.** All questions must be answered. "The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records and other Federal and professional records may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."

3. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

4. Has a licensing/certification board located in the United States or any country or foreign jurisdiction taken any disciplinary action against you? (If yes, please state the details on a separate sheet of paper.)
5. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or foreign jurisdiction? (If yes, please state the details on a separate sheet of paper.)
6. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or foreign jurisdiction? (If yes, please state the details on a separate sheet of paper.)

YES NO

☐
☐
☐
☐
☐
☐
☐
☐

D. Experience.

Experience: Give full information concerning periods of employment contributing to your experience in the practice of Landscape Architecture. Start with present position and work back, explaining exact duties. Include only that experience under the direct supervision of a registered Landscape Architect. Under the "Time Engaged" column enter only those periods of time spent in practicing landscape architecture as defined in M.G.L.c. 112, s. 98. You may use additional sheets.

Date From - To	Name, License #, Address of R.L.A. Supervisor, Nature/Character of work duties	Hours/Week

Personal: Describe briefly the nature and extent of any service or pertinent non-Landscape architectural work, which you may be doing or in which you may have been engages which contributes to your qualification as a Landscape Architect.

Date From - To	Name, License #, Address of R.L.A. Supervisor, Nature/Character of work duties	Hours/Week

List professional and technical organizations of which you are a member or associated with and any professional registration you hold. (Identify states and specific fields):

E. Education. List name, address, major course, dates attended, degree awarded.

High School:

College or University:

Other:

G. Affidavit.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Landscape Architects to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to GL c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date



The Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington Street, 7th Floor, Boston, MA 02118
Board of Landscape Architects
www.mass.gov/reg
617-727-3072

CONFIDENTIAL REFERENCE FORM

Dear Applicant:

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CONFIDENTIAL REFERENCE FORM and EMPLOYMENT VERIFICATION

Information Provided by Applicant

Applicant Information:

First	Middle	Last Name	
Street	City	State	Zip

Information Provided by Professional Reference - This portion of the form should be prepared by a licensed Landscape Architect with a minimum of 10 years of licensed practice. One of the required three professional references must be prepared by a supervisor/employer.

Reference Name	Reference's Firm or Agency	Position
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Firm/Agency Street, City, State, Zip	Firm/Agency Telephone Number
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Email Address	Applicant's Employment dates	Hours per week
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Reference's Residential Address

Breakdown of diversified Landscape Architectural Experience of Applicant

Indicate the quality of the applicant's experience in the following areas using codes listed:

A Proficient; **B** Some Experience; **C** Little or None

General

☐ Programming
☐ Site & Envir. Analysis
☐ Permits & Approvals
☐ Code Research
☐ Feasibility Studies
☐ Schematic Design
☐ Design Development
☐ Schematic Cost Estimating

☐ Project coordination w/ Clients,
Consultants
☐ Permits & Approvals

Construction Documents

☐ Layout Plans
☐ Grading Plans
☐ Drainage Plans
☐ Planting Plans

☐ Sections & Details
☐ Specifications- Technical
☐ Specifications- Front End
☐ Bid Cost Estimating

Construction Administration

☐ Shop Drawings & Submittals
☐ Field Observation

Indicate to the best of your knowledge the applicant's ability and character by placing an "X" in the appropriate spaces below. If either of the "Unsatisfactory" boxes is checked please submit a letter of explanation with this form.

Excellent Satisfactory Marginal Unsatisfactory Unknown

Technical Competence
Professional Conduct
Or Character

Do you consider the applicant qualified for registration as a Landscape Architect? _____

Your reference status: ☐ Landscape Architect ☐ Engineer ☐ Architect ☐ Certified Planner (AICP)

Your INITIAL licensure: _____

License #	Issue Date	Expiration Date	State
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Signature: _____ Date: _____

Stamp/ Seal of Professional
Reference:

Information Provided by Personal Reference

Reference Name

Street City State Zip

Relationship to Applicant: _____

Number of Years you have known Applicant: _____

Comments on the Applicant’s integrity, skills and commitment to Landscape Architecture:

Signature: _____ Date: _____



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General

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☐ Design Development
☐ Schematic Cost Estimating

☐ Project coordination w/ Clients,
Consultants
☐ Permits & Approvals

Construction Documents

☐ Layout Plans
☐ Grading Plans
☐ Drainage Plans
☐ Planting Plans

☐ Sections & Details
☐ Specifications- Technical
☐ Specifications- Front End
☐ Bid Cost Estimating

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Your INITIAL licensure: _____
License # Issue Date Expiration Date State

Signature: _____ Date: _____

Stamp/ Seal of Professional
Reference:

Information Provided by Personal Reference

Reference Name

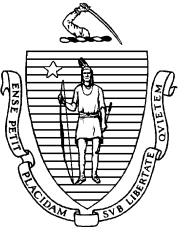
Street City State Zip

Relationship to Applicant: _____

Number of Years you have known Applicant: _____

Comments on the Applicant’s integrity, skills and commitment to Landscape Architecture:

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License # Issue Date Expiration Date State

Signature: _____ Date: _____

Stamp/ Seal of Professional
Reference:

Information Provided by Personal Reference

Reference Name

Street City State Zip

Relationship to Applicant: _____

Number of Years you have known Applicant: _____

Comments on the Applicant’s integrity, skills and commitment to Landscape Architecture:

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License # Issue Date Expiration Date State

Signature: _____ Date: _____

Stamp/ Seal of Professional
Reference:

Information Provided by Personal Reference

Reference Name

Street City State Zip

Relationship to Applicant: _____

Number of Years you have known Applicant: _____

Comments on the Applicant's integrity, skills and commitment to Landscape Architecture:

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Rev 2/09



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License #	Issue Date	Expiration Date	State
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Signature: _____ Date: _____

Stamp/ Seal of Professional
Reference:

Information Provided by Personal Reference

Reference Name

Street City State Zip

Relationship to Applicant: _____

Number of Years you have known Applicant: _____

Comments on the Applicant’s integrity, skills and commitment to Landscape Architecture:

Signature: _____ Date: _____



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Verification of Registration

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BOARD OF PRIOR REGISTRATION:

**APPLICANT NAME/ADDRESS AND (name/address)
LICENSE NUMBER:**

I certify that the records of the _____ Board show that the person named above:

1. Was registered as a Landscape Architect on _____ and was issued
Certificate/License number _____.
2. Now holds a valid registration, which expires on _____ unless renewed.
3. Held a valid registration, which expires on _____.
4. Was granted the above registration:
 - (a) By practice in the State at time of passage of Law _____.
 - (b) By reciprocity with the State of _____.
 - (c) By oral examination _____ hours.
 - (d) By written examination _____ hours.
5. The written examination was completed on _____.

PLEASE COMPLETE ALL THE FOLLOWING INFORMATION:

Exam Subject	Number of hours	Passing grade	Date passed	U.N.E or L.A.R.E.

Name: _____ Title: _____ Date: _____

BOARD SEAL