

Legal Name (First, Middle, Last)

Address

Bureau of Professional Licensing PO Box 30670 • Lansing, MI 48909 Telephone: (517) 241-9288 www.michigan.gov/bpl BPLHelp@michigan.gov

Zip Code

U.S. Social Security Number

State

LANDSCAPE ARCHITECT LICENSE, RELICENSURE OR REINSTATEMENT APPLICATION (This Form Should Not Be Used For License Renewal)

Authority: 1980 PA 299, MCL 338.3434a

City

Date of Birth

			ı				
Permanent I.D. Number	Telephone I	Number	E-mail Address	ail Address			
I have the ability and will serve the public in a fair, honest and open manner. If I have had a judgment of guilt in a criminal proceeding or a civil action against							
me, I am rehabilitated or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license.							
Yes No							
Complete this question for reliconours only. Do you have any uncatisfied populties and conditions imposed by disciplinary action in this state or any other							
Complete this question for relicensure only - Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction?							
Yes No							
New License		- :- tht :			Variation and the desired		
Do you have at least 7 years of train of experience for each year, up to 5	•	•	•				
	years, or satisfactor	ory completion of an accret	anca coarse in lanasc	ape architecture in an ac	scredited scribbilly		
Yes No							
License without examination (Lic					and the Complete Company		
Are you legally registered, licensed other regulation are at least substant	-			whose requirements for	registration, licensure, or		
· ·	ilially equivalent to	the Michigan requirements	o f				
Yes No							
CHECK TH	IE LICENSE/RI	EGISTRATION TYPE		FOR OF	FICE USE ONLY		
				License Number	Issue Date		
New Applicant – Armed Force (see required additional docu		Fee Waived	3901-01				
(see required additional documents)	nents)				<u> </u>		
New License		\$320.00	3901-01				
License w/o Exam							
2.00.100 1.70 2.10.11		\$320.00	3901-09				
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Relicensure Reinstatement (if license is currently revoked		\$340.00 \$200.00	3901-06				
Relicensure Reinstatement (if license is currently revoked	n U.S. Currency pay STATE OF MIC	\$340.00 \$200.00 yable to: CHIGAN	3901-06 3901-50				

Required Additional Documents

- If requesting a fee waiver as an individual who served in the armed forces form DD214, DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service.
- New applicants must:
 - Provide the Department access to your CLARB Council Record.
 - Pass all parts of the LARE examination administered through CLARB.
 - Provide at least 5 references from non-relation documenting not less than 2 years of professional experience in the actual practice of landscape architecture. At least 3 of the references shall be from registrants who can indicate a knowledge of the applicant's professional expertise.

AND

Possess a minimum of 7 years of training and experience as outlined in MCL 339.2204 and R 339.19023 by satisfying ONE of the following:

- Possession of a baccalaureate degree from a program accredited by the Landscape Architectural Accreditation Board (LAAB) and completion
 of at least 3 years of experience by working a minimum of 4,500 hours over a 3-year period. As used in this rule, "experience" means applying
 accepted principles of landscape architecture in a non-academic and non-internship setting under the supervision of a landscape architect who
 is licensed or registered in this state or another state. Experience must be verified by the supervising landscape architect.
- Possession of a baccalaureate degree and a master's degree from a program accredited by the Landscape Architectural Accreditation Board (LAAB) and completion at least 2 years of experience by working a minimum of 3,000 hours over a 2-year period. Experience must be verified by the supervising landscape architect.
- The applicant completed 1 or both of the following for a total of 7 years of training and experience:
 - The applicant completed 1 year of education from a program approved pursuant to R 339.19004 by passing a minimum of 30 semester hours or 45 quarter hours per year for each year of training credit earned. A maximum of 5 years of credit may be earned.
 - The applicant completed 1 year of experience demonstrated by working a minimum of 1,500 hours per year for each year of experience earned. A maximum of 7 years of credit may be earned. Experience hours must be verified by the supervising landscape architect.
- License without exam applicants must:
 - Provide at least 3 references from non-relation who have knowledge of the applicant's experience in the practice of landscape architecture. At
 least 1 of the references shall be licensed or registered in the practice of landscape architect and must document the applicant's experience in the
 practice of landscape architecture.
 - Arrange for the licensing agency of every state or territory of the United States in which you hold, or have ever held a landscape architect license, registration or other credential, to submit official verification of good standing to the department. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

AND

- · Satisfy ONE of the following:
 - o Possess a current valid CLARB certification.
 - Demonstrate that the requirements for the license, registration, or other credential he or she holds had requirements that are substantially equivalent to R 339.19008, as required by MCL 339.2209

Relicensure Applicants

Certification

- License Lapsed for LESS Than 3 Years at the Time of Application:
 - Submit copies (not originals) of documents acceptable under administrative rule R 339.19016 verifying the completion of not less than 24. hours of continuing education completed within the 24 months immediately preceding the date of this application for relicensure. A minimum of 16 of the 24 hours of required continuing education must be earned in a program or activity pertaining to the subject of public health, safety, or welfare (HSW). Review administrative rule R 339.19014 for more details regarding relicensure requirements.

*If the department determines that the amount of continuing education hours submitted with the application is deficient, the applicant has 1 year from the date of the application to provide proof of completing the deficient hours.

- License Lapsed for 3 Years or MORE at the Time of Application:
 - · Applicant must meet all of the current requirements for initial licensure under the Michigan Occupational Code and administrative rules for Landscape Architects.
 - Provide at least 3 references from non-relation who have knowledge of the applicant's experience in the practice of landscape architecture. At least 1 of the references shall be licensed or registered in the practice of landscape architect and must document the applicant's experience in the practice of landscape architecture.
 - · Arrange for the licensing agency of every state or territory of the United States in which you hold, or have ever held a landscape architect license, registration or other credential, to submit official verification of good standing to the department. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
 - Submit copies (not originals) of documents acceptable under administrative rule R 339.19016 verifying the completion of not less than 24 hours of continuing education completed within the 24 months immediately preceding the date of this application for relicensure. A minimum of 16 of the 24 hours of required continuing education must be earned in a program or activity pertaining to the subject of public health, safety, or welfare (HSW). Review administrative rule R 339.19014 for more details regarding relicensure requirements.

*If the department determines that the amount of continuing education hours submitted with the application is deficient, the applicant has 1 year from the date of the application to provide proof of completing the deficient hours.

I certify that the statements in this document are true and complete.	I understand that an	y omitted statement.	misrepre

esentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a. Date Signature

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Documentation of Qualifying Experience (make additional copies as needed)

Landscape Architect Applicants							
Applicant Name							
I am familiar with the nature of the work performed by the applicant and can verify has of professional experience from to MM/YYYY architecture work acceptable to the Department, including not more than 5 years of the second secon	in landscape						
architecture work acceptable to the Department, including not more than 5 years o	r education.						
MCL 339.2201(b)(i) and (ii)							
"Practice of landscape architecture" means the performance of professional sinvestigation, research, planning, design, or responsible field observation in connland areas where, and to the extent that the dominant purpose of the services is the or determination of proper land uses, natural land resources, ground cover and plance values, the settings and approaches to structures or other improvements, natural cand determination of inherent problems of the land relating to erosion, use and subditionally includes the location and arrangement of tangible objects and feature the purposes outlined in this article.	ection with the development one preservation, enhancement on ting, naturalistic and aesthetion and the consideration of tress, blight, or other hazards						
Signature Date							

License #, State

Print Name