Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

INFORMATION FOR COMPLETING APPLICATION FOR LANDSCAPE ARCHITECT APPLICATION

This is not the application to apply for the Landscape Architect examination. If you have an accredited degree per Wis. Admin Code § A-E 9.04 and have not taken the examination, contact CLARB directly at www.clarb.org. If you do not have an accredited degree, complete the Application for Landscape Architect Examination (**Form #2187**) to apply for the exam.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Application by Examination

1. **Application for Landscape Architect Registration (Form #2088)**
2. **$75.00 Initial Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Official Transcripts** - Transcripts must be forwarded directly by the college to you. If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). **Unofficial copies of transcripts are not acceptable.**
4. **Verification of Examination or Registration (Form #475)** - Completed by each jurisdiction in which you have been issued a license. If the exams were passed in Wisconsin, this form is not required.
5. **Experience Record (Form #463)** - Evaluated by the Board to determine whether the experience you document meets the qualifying landscape architectural experience as defined in Wis. Admin. Code § A-E 9.03. Provide a complete chronological listing of your experience. The beginning and ending month and year of employment must be shown for each engagement.
6. **Landscape Architect Applicant Appraisal Form (Form #2089)** - Provide replies from five references having personal knowledge of your experience, one of whom must be licensed as a Landscape Architect.
7. **Proof of Continuing Education Completion (for Reciprocity applicants only)** - Provide proof that you have completed continuing education per Wis. Admin. Code § A-E 10.08.

Reciprocity Applicants (applicant holding an unexpired registration from another state)
An applicant may apply for registration if he or she holds an unexpired registration in another state in which registration requirements are not lower than those in Wisconsin. The applicant must have passed the exams. Applicants may apply using a CLARB record or application by examination.

If Applying by CLARB Record - If you are using a CLARB record, complete and return only the Application for Landscape Architect Registration (**Form #2088**), proof of CE/PDH per Wis. Admin. Code § A-E 11.08 and fee. Indicate on your application that you are requesting CLARB to forward your council record to DSPS.

Temporary Permit - A temporary permit is available to all applicants under the **Reciprocity** provision. This permit allows the applicant to proceed with a pending project during the time it takes to process the application for registration. An applicant desiring a permit must include a letter specifically requesting the permit, which includes a description of the project (location, approximate size and cost), a copy of their registration card from the original state of registration and an $68.00 temporary permit fee. The Application for Landscape Architect Registration (**Form #2088**) and the $68.00 initial credential fee must accompany the request for a temporary permit.

Review Dates - Your application for registration will be presented to the Board for review when all required documents have been received. You are encouraged to submit your application as soon as possible to allow processing and review of application before the Board meets. You will find a schedule of tentative Board meetings on the Department's web site at http://dsps.wi.gov.

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Education

Select the two (2) digit School Code for the school that you attended from the list. Print the code on the Application for Landscape Architect Registration (**Form #2088**) under Education on Page 2.

CODE	SCHOOL	CODE	SCHOOL
01	University of Arizona	28	Mississippi State University
02	University of Arkansas	29	Morgan State University
03	Auburn University	30	North Carolina A&T State University
04	Ball State University	31	North Carolina State University
05	California Polytechnic State University, San Luis Obispo	32	North Dakota State University
		33	Ohio State University
06	California Polytechnic State University, Pomona	34	Oklahoma State University
		35	University of Oregon
07	University of California at Berkeley	36	University of Pennsylvania
08	University of California at Davis	37	Pennsylvania State University
09	City College of New York	38	Purdue University
10	Colorado State University	39	University of Rhode Island
11	University of Colorado at Denver	40	Rhode Island School of Design
12	Cornell University	41	Rutgers-The State University of
13	University of Florida	42	State University of New York
14	Florida International University	43	Temple University
15	University of Georgia	44	Texas A&M University
16	University of Guelpy	45	Texas Tech University
17	Harvard University	46	University of Toronto
18	University of Idaho	47	Utah State University
19	University of Illinois, Urbana	48	Virginia Polytechnic Institute and State University
21	Kansas State University		
22	University of Kentucky	49	University of Virginia
23	Louisiana State University	50	Washington State University
24	University of Massachusetts	51	University of Washington
25	Michigan State University	52	West Virginia University
26	University of Michigan	53	University of Wisconsin
27	University of Minnesota	54	Other school not listed

Select the two (2) digit Degree Code for the highest degree obtained. Print the code on the Application for Landscape Architect Registration (**Form #2088**) under Education on Page 2.

01 - No degree received
02 - Associate
03 - Bachelor's
04 - Master's
05 - Doctorate

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APPLICATION FOR LANDSCAPE ARCHITECT REGISTRATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK

☐ Your name, address, telephone number and email address are available to the public. Check box to withhold this information from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name	**First Name**	**MI**	**Former / Maiden Name(s)**

Address (street, city, state, zip)

Daytime Telephone Number
___ - ___ - ____

Mailing Address (if different)

Date of Birth
__ / __ / ____

Social Security Number
___ - __ - ____

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

Ethnicity: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan ☐ Hispanic
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander ☐ Other

Sex: ☐ M ☐ F

Have you ever been licensed in Wisconsin as a Landscape Architect? ☐ Yes ☐ No If yes, list your credential number:

Email Address

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)

☐ **$68.00 Initial Credential Fee** (Application by Examination)

☐ **$68.00 Initial Credential Fee** (Reciprocity)

☐ **$68.00 Temporary Permit Fee** (optional - Reciprocity applicants only)

For Receipting Use Only (14)

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ARE YOU A VETERAN? If yes, please view the Department website at http://dsps.wi.gov under "Professions," "Landscape Architect," "Other Forms" then "Military Licensure Benefits" to view eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number: _____

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No
If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com **for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at http://dsps.wi.gov under "Professions," then "Landscape Architect."

QUALIFICATION FOR REGISTRATION: (Check **one** box indicating how you qualify**)**

☐ **Reciprocity** (licensed in another state) **State:** _____ **License Number:** _____

☐ **Bachelor's or Master's degree in landscape architecture and at least 2 years of practical experience in landscape architecture**.

☐ **Specific record of 7 years of training and experience including 2 years of courses in landscape architecture and 4 years of practical experience in landscape architecture.**

Education: Official Transcript(s) Required. **School Code:** (see list on Page ii) ☐☐ **Degree Code:** (see list on Page ii) ☐☐

College(s) Attended	Degree Received	Date of Graduation	Major

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S). (Include all active and inactive states.)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? **If yes, give details on an attached sheet, including the name of the profession and the agency.**	☐ Yes ☐ No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? **If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action**.	☐ Yes ☐ No
3.	Is disciplinary action pending against you in any jurisdiction? **If yes, attach a sheet providing details about pending action, including the name of the agency and status of action**.	☐ Yes ☐ No
4.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? **If yes, submit Convictions and Pending Charges (Form #2252)**.	☐ Yes ☐ No
5.	Are you incarcerated, on probation, or on parole for any conviction? **If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer**.	☐ Yes ☐ No

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ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

6.	Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.	☐ Yes ☐ No
7.	Are you registered or licensed in any other profession(s)? **If yes, state what profession(s) and in what state(s):**	☐ Yes ☐ No
8.	Have you ever been credentialed under any other name(s)? **If yes, state name(s) credentialed under:**	☐ Yes ☐ No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

☐ A citizen or national of the United States, or

☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at http://www.uscis.gov.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: _____ Date: __ __ / __ __ / __ __ __ __

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