

Professional Credential Services, Inc.

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

**First-Time Licensure by Examination 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. **First-Time Licensure by Examination Applicants for a license in Landscape Architects must submit all of their information, as indicated in these instructions, directly to PCS.** The Commonwealth of Massachusetts Board of Registration for Landscape Architects is the final authority with respect to eligibility and issuance of the license.

REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or email.

Toll-free: (877) 887-9727

Email: malare@pcshq.com

PCS staff is available Monday through Friday, 8:00 am to 4:30 pm central time.

FIRST-TIME LICENSURE BY EXAMINATION APPLICATION PACKET

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

APPLICATION INSTRUCTIONS

Candidates who have never received licensure in another state, and have never taken any part of the LARE examination as a candidate of this state, or have exceeded the three year limit to take and pass all parts of the LARE examination must use *the First-Time Licensure by Examination Application* to apply for licensure. PCS must receive the following to process your application:

- a. A completed *First-Time Licensure by Examination 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. Application fee of \$238. Payments may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money orders made payable to Professional Credential Services and include your SSN on the front of the payment. Fees are non-refundable and non-transferable.

PCS accepts applications on an on-going basis. Complete applications are processed on a first come first serve basis. Applications are reviewed for completeness by PCS then forwarded to the Board for approval. The Board usually meets on the second Friday of the 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.

Candidates sending incomplete applications will be notified of any deficiencies by PCS. Please be advised that incomplete applications of candidates who have not responded to the notification of deficiency in a timely manner will be returned to the applicant and will forfeit their fee.

BOARD REVIEW OF APPLICATION

Upon Board review of candidate applications, the board will notify PCS of approval status. The Board will mail denial letters to those candidates who are not approved. PCS will mail approval letters to those candidates who are approved along with scheduling information.

Board approved candidates must complete the PCS *Scheduling Form* to take Sections C, E, and F of the LARE examination and submit it to PCS with the appropriate examination fees. Board approved candidates are

responsible for contacting CLARB directly to schedule for Sections A, B, and D of the LARE examination and pay the appropriate examination fees.

SECTION C:

Section C is the Planning and Site Design portion of the 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. This examination is developed by CLARB (www.clarb.org). Candidates are given five (5) hours to complete this section.

SECTION E:

Section E is the Grading Drainage & Storm Water Management portion of the 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. This examination is developed by CLARB (www.clarb.org). Administered during a full day, candidates are given four (4) hours to complete the morning session (Part 1) and three (3) hours to complete the afternoon session (Part 2). Candidates are also given time for a lunch break between sessions.

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

Examination content information for Sections A, B, C, D, & E and information for scheduling for Sections A, B, and D may be found by visiting the CLARB website at www.clarb.org.

A refresher course is generally offered by the Boston Society of Landscape Architects. For further information call 508-620-5018.

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 Examination:

1. A completed *First-Time Application for Licensure by Examination 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. Five (5) completed *Reference Forms* in sealed envelopes;
4. Application fee of \$238 submitted with *Payment Form*.

MAIL COMPLETED APPLICATION MATERIALS TO:

Postal Address:
Professional Credential Services, Inc.
Attn: MA LARE Coordinator
PO Box 198689
Nashville, TN 37219-8689

Overnight Courier Address:
Professional Credential Services, Inc.
Attn: MA LARE Coordinator
150 4th Avenue North, Suite 800
Nashville, TN 37219

Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219 (877) 887-9727

First-Time Application for Licensure by Examination 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.

First Name Middle Initial Last Name Other (Maiden)

Date of Birth Place of Birth

Are you a citizen of the United States? Yes No

Have you previously filed an application? Yes No



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

- 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.) YES NO
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.) YES NO

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."

YES NO

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.)

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 associate 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 contents of the examination are copyrighted under the laws of the United States. Copying, reproduction, reconstruction, or any action taken to reveal the contents of examination in whole or part violates the copyright and is, therefore, unlawful. I attest that I understand this statement and that I will not discuss nor divulge any information regarding this examination. I also agree that in the event my examination is lost, or if the examination is not held for any reason, any claim I may have will be limited to the fee paid by me. I also understand that fees are non-refundable and non-transferable.

Print name

Signature

Date

Payment Form

Applicant Name: _____

Social Security Number (Mandatory): _____ - _____ - _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security Number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security Number to ascertain whether you are in compliance with the tax laws of the Commonwealth

Three payment options are available: Company/Corporate/Certified Check, Money Order or Credit Card. If paying by Company/Corporate/Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. **DO NOT** staple your payment to this form. **Fees are non-refundable and non-transferable.**

Please check form of payment below for the **\$238.00** fee:

- Certified Check *(Please ensure the applicant's name is on the payment)*
- Money Order *(Please ensure the applicant's name is on the payment)*
- Credit Card

Authorized payment amount: \$ _____ Please check one: Visa MasterCard

Card Number: _____ - _____ - _____ - _____ Exp: ____ / ____

Print name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application/Scheduling Form

Note: This document will be shredded after it has been processed.

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CONFIDENTIAL REFERENCE FORM

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In order for the provisions of the licensing law to be effective in safeguarding public health, safety and welfare, the Board of Registration of Landscape Architects has been charged with the responsibility of limiting the use of the title "Landscape Architect". Only those who are qualified for that profession on the basis of quality of character, education and practical experience in landscape architectural work may use this title. As one of the applicant's references, you are familiar with his or her professional work or have knowledge of his or her ability, character, and reputation. The Board would appreciate information, which bears upon the extent of the responsibility borne by the applicant in his or her professional work as well as your opinion of his or her professional competence and character.

The Board will further appreciate your cooperation in supplying the information requested on the reverse side of this sheet and in forwarding it as soon as possible to the applicant in a sealed envelope. The applicant must return the sealed envelope directly to Professional Credential Services (PCS) with their completed application. If the Reference Forms come into the PCS office open or incomplete, they will be returned to the applicant.

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

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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Applicant Information:

First Middle Last Name

Street City State Zip

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Reference Name _____

Street _____

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State _____

Zip _____

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Reference Name _____

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Relationship to Applicant: _____

Number of Years you have known Applicant: _____

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Street _____

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Relationship to Applicant: _____

Number of Years you have known Applicant: _____

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Reference Name _____

Street _____

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Zip _____

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