

**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 LANDSCAPE ARCHITECT - EXPERIENCE VERIFICATION FORM**

Instructions

Applicant: Complete items #1 through #12, then forward this form to the firm listed below.
Verifier: Complete items #13 through #23. Return it to the applicant for inclusion in their application package. Your prompt response is appreciated.

1. Applicant's Name _____
Last First Middle Generation

2. Provide **one** of the following identification numbers*
 Social Security Number and/or - -
 Virginia DMV Control Number

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Mailing Address _____
City State Zip Code

4. Employer (firm where experience was obtained) _____

5. Employer's Mailing Address _____
City State Zip Code

6. DATES OF EMPLOYMENT			7. LENGTH OF TIME		8. STATUS (check one)				9. INDICATE % OF TIME SPENT IN EACH PRACTICE CATEGORY (IDP applicants must complete IDP training report instead of this form.)																
FROM			TO			FULL-TIME	PART-TIME (Less than 30 hours per week)	PARTNER	CORP. DIRECTOR	EMPLOYEE	OTHER (EXPLAIN)	PROGRAMMING	SITE & ENVIRONMENTAL ANALYSIS	SCHEMATIC DESIGN	CONSTRUCTION COST ANALYSIS	CODE RESEARCH	DESIGN DEVELOPMENT	CONSTRUCTION DOCUMENTS	SPECS & MATERIALS RESEARCH	DOC. CHECKING & COORDINATION	BIDDING PROCEDURES	CONSTRUCTION PHASE - OFFICE	CONSTRUCTION PHASE - OBSERVATION	PROJECT MANAGEMENT	OFFICE MANAGEMENT
MM	DD	YY	MM	DD	YY	✓	HOURS PER WEEK																		
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															

Notes: Applicants with an LAAB-accredited degree must demonstrate a minimum of 36 months of experience under the direct control and personal supervision of a licensed landscape architect, architect, professional engineer, or land surveyor. At least 12 months of the total experience must be under the direct control and personal supervision of a licensed landscape architect. All other applicants must have at least eight years of combined education and experience evaluated in accordance with the Landscape Architect Equivalency Table as established in 18 VAC 10-20-420 of the Board's regulations.

10. Check **all** services performed by the firm:
 Landscape Architecture Construction Management Military/Government Design Facility
 Architecture Design/Building Teaching or Research
 Construction Management Engineering Other _____

11. Indicate your supervisor's position within the firm:
 Architect Landscape Architect
 Professional Engineer

12. Applicant's authorization and release - **This release must be signed before forwarding form to the experience verifier.**
 I hereby authorize the Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects to make inquiries of the individual listed in #13 of this form with respect to my background and character. I invite full disclosure and complete responses to all inquiries. I release said person from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board.

Signature _____ Date _____

Questions #13 through #23 should be completed by the applicant's employer or associate who qualifies as being the person in responsible charge under whose supervision the applicant is claiming credit for work experience.

13. Verifier's Name _____
Last First Middle Generation

14. Mailing Address _____
City State Zip Code

15. Current Position _____

16. Do you hold any of the following licenses? Check **all** that apply.
- | | | | |
|--|-------------|-------------------|-----------------|
| <input type="checkbox"/> Architect | State _____ | License No. _____ | Exp. Date _____ |
| <input type="checkbox"/> Professional Engineer | State _____ | License No. _____ | Exp. Date _____ |
| <input type="checkbox"/> Land Surveyor | State _____ | License No. _____ | Exp. Date _____ |
| <input type="checkbox"/> Landscape Architects | State _____ | License No. _____ | Exp. Date _____ |

17. Are the dates of employment shown in question #6 correct?
 Yes
 No If no, clarify: _____

18. Was the applicant employed full-time (30 hours or more per week)?
 Yes
 No how many hours did the applicant work each week? _____

19. Are the experiences shown by the applicant in question #9 correct?
 Yes
 No If no, please explain.

20. Are the services performed by the firm in question #10 correct?
 Yes
 No If no, please explain.

21. Indicate your assessment of the applicant's professional conduct and technical competence in the following chart. If you select an "Unsatisfactory" rating, please submit a letter of explanation with this form.

	EXCELLENT	SATISFACTORY	MARGINAL	UNSATISFACTORY	NOT QUALIFIED TO ANSWER
Technical Competence	<input type="checkbox"/>				
Professional Conduct	<input type="checkbox"/>				

22. Additional Comments:

23. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Signature _____ Date _____