

REQUIREMENTS FOR LICENSURE - LANDSCAPE ARCHITECT

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

REQUIREMENTS

1. Possess the proper education and/or experience as contained below; and
2. Pass the CLARB exam (L.A.R.E.) or a similar licensing exam or document 15 years of experience in responsible charge; AND
3. Pass the board-produced landscape architectural licensing exam (Hawaii Plant Materials).

PATHWAYS

There are two basic pathways to licensure:

1. If you are already licensed in another state (license is current and valid), you will be seeking licensure via endorsement.
 2. If you are NOT licensed in any other state, you will be seeking licensure via exam.
- On page 1 of the application form, please indicate which pathway (1a, 1b, or 2) for licensure you are taking.

MINIMUM EDUCATION & EXPERIENCE

The amount of experience required is dependent on the level of education you have and the pathway applicable to you:

EDUCATION LEVEL	LAWFUL EXPERIENCE	EXAMINATIONS	
1. Master's or higher degree in landscape architecture from an approved institution and graduate of a 4-year landscape architectural curriculum from an approved school or college, AND	2 years	L.A.R.E. exam or 15 years responsible charge	BOARD EXAM
2. Graduate of a 4-year landscape architectural curriculum from an approved school or college, AND	3 years	L.A.R.E. exam or 15 years responsible charge	BOARD EXAM
3. Graduate of a 4-year pre-landscape architectural or arts and science curriculum from an approved school or college, AND	5 years	L.A.R.E. exam or 15 years responsible charge	BOARD EXAM
4. No Degree	12 years	L.A.R.E. exam or 15 years responsible charge	BOARD EXAM

On page 1 of the application form, please indicate which level of education (1 to 4) you have.

* Option of 15 years of experience in Responsible Charge is only applicable to Licensure via Endorsement.

FOREIGN EDUCATION

In addition to the foregoing, graduates of foreign colleges **must have their foreign education evaluated** if they wish to have their college degree(s) considered.

In order to do this, contact the Licensing Branch at (808) 586-3000 and request an "*Application for Evaluation of Foreign Educational Credentials*". Complete the form and submit it with the required documents and fee to Educational Credential Evaluators, Inc. (ECE). Request a general report. Applications are also available on the internet at www.ece.org.

Reports are prepared by ECE and a copy is usually sent to us within 4 - 6 weeks following receipt of all required documents.

VERIFICATION OF EDUCATION AND EXPERIENCE

Applicants are required to document his/her education and experience. However, your level of education and pathway for licensure will dictate the type of verification you will need to submit. Refer to the listing below for ways to provide evidence of your experience. (Note: If you need to sit for an exam, all experience must be completed by the filing deadline of the examination date you are requesting.):

1. CLARB Council Records.
2. Supervised experience:
You must have the enclosed form *EAS-16, "Verification of Supervision"* completed by your supervisor(s). If your supervisor is no longer available, contact your original state of licensure and have them submit copies of documentation on your experience **directly** to the Board.
3. Experience in responsible charge (for licensure via endorsement):
You must have the enclosed form *EAS-11* completed. Please note that experience in responsible charge will be credited in the ratio of 2:1 of the required lawful experience.
4. Combination of #2 and #3 above.

(CONTINUED ON BACK)

EXAMINATION

Applicants for licensure via endorsement:

Verification of your examination and exam scores must be accomplished. Send the "Verification of Exam/License" form S-1 to the state in which you were ORIGINALLY LICENSED BY EXAMINATION with the appropriate service fee, if any. Contact your state licensing agency for any charge. If more than one form is needed, in cases where the exams were taken in more than one state, please duplicate. Completion of this form will also serve to verify your out-of-state license.

If you wish to have the CLARB exam waived, you will need to have a licensed landscape architect complete the "Verification of Experience in Responsible Charge" form documenting 15 years of experience in responsible charge.

Applicants for licensure via the CLARB exam:

In Hawaii, the CLARB exam (L.A.R.E.) is administered only on Oahu. All candidates must submit a completed state application form to the Board and receive board approval in order to sit for any section(s) of the examination including the Hawaii State Exam.

L.A.R.E. – A, B, & D only

For Sections A, B, and/or D: Upon approval of your application you will be mailed an "Approval Notice". Candidates are then to register **directly** with CLARB using their online registration system. A registration fee will be charged for each test administration. However, this fee will be waived for applicants holding a current CLARB council record. For exam fees, administration fees, registration fees and various deadlines (eg. Registration, postpone, cancellation, etc.), please see www.clarb.org or call (571) 432-0332.

IMPORTANT – Results for sections A, B and D are **not** automatically sent to the Board, therefore, **YOU** must authorize the release of these scores and instruct CLARB to have them sent **DIRECTLY** to the Hawaii Board.

L.A.R.E. – C & E only

For Sections C and E: Upon approval of your application you will be mailed an "Approval Notice" with information on exam fees and deadline to submit the fees. Upon receipt of your fees, you will be scheduled to sit for Section C and/or E. In Hawaii, Sections C and E are administered twice a year in June and December and only on Oahu. The filing deadline is March 10th and September 10th (C & E only). Information regarding the examination is available from the Council of Landscape Architectural Registration Boards at www.clarb.org.

Note: Payments for Section C and/or E must be by money order or cashier's check.

In order to receive any refund, written notice to postpone or withdraw from taking the exam must reach the Board's office at least **9 weeks** prior to the first day of the examination. Timely requests for postponements shall result in the application of your examination and administration fees to the next scheduled examination. Requests for withdrawal shall result in a refund of your examination and administration fees.

Failure to provide written notice to postpone or withdraw from the examination within the period stated above shall result in the **forfeiture of your examination fee and administration fees.**

The Board-produced landscape architectural licensing exam (Hawaii Plant Materials):

- The board-produced exam is given with the CLARB exam. Filing deadline: March 10th and September 10th.
- The board-produced exam is also offered monthly following the Miscellaneous exam schedule. After the Board has approved your application, you may elect to sit for the Board-produced exam by notifying our office by the 25th day of the month prior to the requested exam date.

If you require special accommodations to sit for the licensure examination, please contact the Exam Branch immediately, but no later than the exam filing deadline, at (808) 586-2711 to obtain a *Disability Certification* Form that will need to be completed and returned to our office. No action will be taken to provide special testing accommodations until your exam application is complete and approved.

SUBMITTALS

1. Complete the entire application; provide details of your experience in the "Experience Record" portion (keep in mind that "supervisor" refers to a licensed landscape architect other than yourself);
2. Provide a copy of all pertinent diplomas or official transcript(s) from an approved school or college or ECE report (if you are a graduate of a foreign college);
3. A Non-refundable application fee of \$75 made payable to Commerce & Consumer Affairs;
4. \$30 examination fee for the Board-produced examination; **AND**
5. "Verification(s) of Supervision" form completed by your supervisor(s), who is a licensed landscape architect and/or "Experience in Responsible Charge" form from a licensed landscape architect.
6. "Verification of Exam/License" form from another state board.
- or
7. CLARB Council record.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

INFORMATION & INSTRUCTIONS – LANDSCAPE ARCHITECT

Complete the attached form using a typewriter or print in black ink. Answer all questions and sign and date the application form. **Applications that lack supporting documents required for exam or licensure will not be considered.** It is the applicant's responsibility to ensure that all documents are received timely.

REQUIREMENTS

Please read the requirements section carefully. Should you have a question or concern regarding the requirements, contact the Licensing Branch at (808) 586-3000.

Individuals from the neighbor islands can call the toll free access numbers:

Kauai:	274-3141 ext. 6-3000	Maui:	984-2400 ext. 6-3000
Hawaii:	974-4000 ext. 6-3000	Molokai:	1-800-468-4644 ext. 6-3000
Lanai:	1-800-468-4644 ext. 6-3000		

Information can also be obtained from the Professional & Vocational Licensing Division web site: www.hawaii.gov/dcca/areas/pvl.

SOCIAL SECURITY NUMBER

Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued you must **provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your social security number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4) HRS which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).

FEES

Make checks payable to: **COMMERCE & CONSUMER AFFAIRS** (unless otherwise noted).

Note: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

RETURN OF REQUIRED ITEMS

Mailing Address:
Board of EASLA
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

Office location:
335 Merchant St., Rm. 301
Honolulu, HI 96813

RESPONSE

You will receive a deficiency notice or an approval notice upon receipt of all required documents and review of your application.

If for any reason you are denied the registration or license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that issues your registration or license and must be received within 60 days of the date that your application for registration or license has been denied.

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

ABANDONMENT

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

LAWS & RULES PUBLICATIONS

You must certify to reading, understanding, and agreeing to comply with the Hawaii Revised Statutes and Hawaii Administrative Rules governing this license area. The laws and rules are available free of charge from our website at: www.hawaii.gov/dcca/areas/pvl. Look under "Engineer, Architect, Surveyor and Landscape Architect".

For Landscape Architects, you should be familiar with Chapter 464, (HRS), Chapter 115, (HAR), and Chapter 436B, the Professional and Vocational Licensing Act.

LICENSURE & RENEWAL

After all requirements are fulfilled, license fees will be due. Notification of amounts will be sent to you at the appropriate time.

For Landscape Architects, all licenses (regardless of issuance date) will expire on **April 30 of each EVEN-NUMBERED year** and are subject to renewal by the license expiration date. Renewals received after the license expiration date are subject to late renewal fees and may be restored up to 2 years. After 2 years, a new application for licensure is required.

CHANGE OF ADDRESS

Whenever you have a change of address, please report it to the department in writing so that your records can be updated.

APPLICATION FOR LICENSURE – LANDSCAPE ARCHITECT

State of Hawaii Board of Engineers, Architects, Land Surveyors & Landscape Architects

Place a checkmark next to your pathway to licensure and circle your education level.

#1 via Endorsement
 Licensed in _____ License No. _____
 (State)

Education Level: 1 2 3 4 Years of Experience: _____

a. ___ with CLARB exam
 Passed CLARB exam in _____ on _____
 (State) (Date)

b. ___ without CLARB exam

#2 via CLARB exams.
 Education Level: 1 2 3 4 Years of Experience: _____

FOR BOARD USE ONLY

Approved: CLARB _____ STATE _____

Passed: CLARB _____ STATE _____

License No. LA-	Date Licensed:
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CLARB Certificate holder?	YES	NO	Date CLARB requested:
Legal Name (First, Middle)		(LAST)	

Residence Address (Include Apt. No., City, State & Zip Code)

Employer's Name, Address & Phone No.

Mailing Address (ONLY if different from above)

Indicate exam date applying for:
 CLARB: _____ June _____ December (C & E Only)
 Hawaii Plant Materials: Month _____

Social Security Number	Phone No. (days)
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Other Names used:

Circle answers and provide detailed explanation and supporting documents if applicable.

- | | | |
|--|-----|----|
| (1) Are you at least 18 years of age? | YES | NO |
| (2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? | YES | NO |
| (3) Have you ever applied for or been licensed as a Landscape Architect in Hawaii? | YES | NO |
| If "YES" indicate the MONTH and YEAR: _____ or License Number: _____ | | |
| (4) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? | YES | NO |
| (5) Are there any disciplinary actions pending against you? | YES | NO |
| (6) In the past 20 years have you been convicted of a crime in which the conviction has not been annulled or expunged? | YES | NO |

EXPLAIN "YES" RESPONSES, PROVIDING DATES, PLACES, AND TYPE OF CONVICTION OR DISCIPLINARY ACTION ON A SEPARATE SHEET AND SUBMIT PERTINENT DOCUMENTATION FROM THE COURTS OR LICENSING AUTHORITY.

EDUCATION <small>Indicate if School of L. Arch. with university & clarify Degree, as "B in L. Arch."</small>	Name & Location of School	Dates (Mo/Yr)		Date Graduated	Degree Received	Major
		From	To			
	College/University					
	Other College/University					

(CONTINUED ON BACK)

App 244 \$75
 Exam Admin 258 \$10 X _____

Reg 245 \$50
 CRF 247 \$35/\$70
 1/2 Renewal 240 \$40
 Service Charge BCF \$25

EXPERIENCE RECORD. (You may attach additional sheets provided that the information is in this format)

ENGAGEMENT NUMBER	DATES (mo/yr) TIME (yrs & mos)			TITLE OF POSITION, NAME OF EMPLOYER & CHARACTER OF EACH EMPLOYMENT. <i>Designate each employment or change in position by a separate letter and a ruled line extending across page. Include magnitude & complexity of work on which engaged, your duties & degree of responsibility. Have in mind that the Examining Committee is more interested in your specific duties rather than the number of persons employed or over-all cost of projects.</i>	YOUR SUPERVISOR	
	FROM	TO	TOTAL TIME		NAME & ADDRESS	LICENSED LANDSCAPE ARCHITECT?
				SUMMARY (By Applicant) TOTAL EXPERIENCE		
				SUMMARY (By Board)		

AFFIDAVIT OF APPLICANT:

I certify that the statements, answers and representations made in this application and documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of my registration and is a misdemeanor (Section 710-1017, Section 436B-19, and Section 464-10, Hawaii Revised Statutes). I further certify that I have read, understand and agree to comply with the provisions of Hawaii Revised Statutes, Chapter 464 and Hawaii Administrative Rules, Chapter 115.

_____ Date

_____ Signature of Applicant

Release of Information to Third Party:

To assist me in the licensing process, I authorize the Board and staff to release any and all information regarding my application (including but not limited to, application status) to:

Print Name of Individual who is assisting you: _____

_____ Signature of Applicant

_____ Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

VERIFICATION OF SUPERVISION - LANDSCAPE ARCHITECTS

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

The applicant named below has applied for licensure by examination or endorsement with the Board of Professional Engineers, Architects, Surveyors and Landscape Architects. The Board rules require that an applicant for licensure must have worked for a specified number of years under the supervision of licensed landscape architect(s). To verify this period of supervision, this form shall be completed by the applicant's supervisor and mailed to: **Board of Professional Engineers, Architects, Surveyors and Landscape Architects, P.O. Box 3469, Honolulu, Hawaii 96801.**

Name of Applicant:	Name of Supervisor:	
Name of Employer:	Address of Supervisor:	
1. The applicant worked under my supervision from _____ to _____.		Total Yrs _____ Mos _____.
2. During the time indicated above, I was licensed as a Landscape Architect :		
Certificate No. _____ Date of Licensure _____ State _____		
3. What was the scope of your supervision?		
4. Please describe specific assignments given to applicant on projects while under your supervision:		
5. Other comments regarding the applicant:		

I hereby certify that the statements and answers contained in this verification regarding the person named as applicant are true and correct to the best of my knowledge; and the statements given regarding myself are true and correct.

Date

Signature of Supervisor

VERIFICATION OF EXPERIENCE IN RESPONSIBLE CHARGE – LANDSCAPE ARCHITECT

State of Hawaii, Board of Engineers, Architects, Surveyors & Landscape Architects.

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

The applicant named below has applied for licensure by endorsement with the Board of Professional Engineers, Architects, Surveyors and Landscape Architects. The Board rules allow an applicant to qualify for licensure on the basis of experience in responsible charge. To verify this period of experience, this form shall be completed by a licensed landscape architect and mailed to: **Board of Professional Engineers, Architects, Surveyors and Landscape Architects, P.O. Box 3469, Honolulu, Hawaii 96801.**

NAME OF APPLICANT:		NAME OF LICENSED LANDSCAPE ARCHITECT VERIFIER:
FROM	TO	DESCRIPTION OF LANDSCAPE ARCHITECTURAL WORK

I hereby certify that I have knowledge of the applicant's landscape architectural experience as stated above in which the applicant was in responsible charge of the landscape architecture work.

_____ Date

_____ Signature of Licensed Landscape Architect Verifier

License No. _____ State of _____
Licensure: _____

Address _____

Phone _____

VERIFICATION OF EXAM/LICENSE - ENGINEERS, ARCHITECTS, LAND SURVEYORS, AND LANDSCAPE ARCHITECTS

State of Hawaii
Board of EASLA

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

A P P L I C A N T	<i>APPLICANT: Complete top of this page and forward to ORIGINAL state of license.</i>				
	Name (First, Middle)		(LAST)	Other Names used:	
	Address (Include apt. no., city, state and zip code)			Social Security No.	
				Phone No.	
	License No.			Date Issued	
				Circle type of License Held:	
		PE	ARCH	LAND ARCH	LAND SURVEYOR
I hereby authorize the licensing agency in the State of _____ to furnish to the Department of Commerce and Consumer Affairs, State of Hawaii, the information below.					
Date _____ SIGN HERE: _____					

PART II - FOR STATE BOARD ONLY TO COMPLETE

The above-named person is applying for license in the State of Hawaii. Please complete all information below, affix your board seal and mail directly to:
 BOARD OF EASLA
 DCCA, PVL LICENSING BRANCH
 P.O. BOX 3469
 HONOLULU, HI 96801

	PROFESSIONAL ENGINEER	ENGINEER IN TRAINING	ARCHITECT	LANDSCAPE ARCHITECT	LAND SURVEYOR	CURRENT & GOOD STANDING
Certificate Number	_____	_____	_____	_____	_____	[] License is in good standing.
Date Issued	_____	_____	_____	_____	_____	[] If any pending action or past sanctions, please explain on reverse side.
Valid Until	_____	_____	_____	_____	_____	
Date Applied	_____	_____	_____	_____	_____	

EIT accepted from (name of states):	Indicate DISCIPLINE OF ENGINEERING examined in (Use "NA" if not applicable):
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Examination Subjects	No. of Hours	Grade Obtained	Passing Grade Required	Month & Year Passed	Uniform NCEES, NCARB or CLARB exam?

BY: _____
 TITLE: _____
 DATE: _____

BOARD SEAL
(if none, please state none)