

Nebraska State Board of Landscape Architects

Mail to: PO Box 95165

Lincoln, NE 68509-5165

Delivery: 215 Centennial Mall S, Suite 400

Lincoln, NE 68508

Phone: 402-471-2407

Fax: 402-471-0787

Questions? Contact us at nsbla.board@nebraska.gov or www.nsbla.nebraska.gov

APPLICATION FOR EXAMINATION: Landscape Architects Registration Exam (LARE)

Application Fee: \$300 - The application fee shall accompany this application. Payment of fees shall be in the form of a check or money order, payable to the Nebraska State Board of Landscape Architects or NSBLA. No additional fee will be required once you have completed the examination and are ready to become licensed.

This application is only for applicants who do not have an LAAB-accredited landscape architectural degree. Please read instructions and check all items carefully. Provide all information requested. Your attention to these details will make it possible for the Board's staff to process your application without undue delay. Please print or type all information.

In addition to this application, you must have CLARB transmit your Council Record directly to the Board prior to the Board reviewing your request. You will also be required to have CLARB send an updated Record once you have completed the examination and experience requirements and are ready to become licensed.

SECTION I: GENERAL INFORMATION

1. _____
Full Legal Name (Including full middle name)

2. _____
Social Security Number

3. Preferred Address for all official Board Correspondence: Business Residence

_____ Telephone _____ ext _____
Firm Name (if business)

_____ ext _____
Mailing Address Alternate Telephone

_____ Fax _____
City, State, Zip Code

_____ Email Address

SECTION II: EDUCATION

Enter the name and location of each educational institution, the time spent, the date of graduation, and type of landscape architecture degree received.

Name of Institution, Location (City, State)	Enrollment Date		Date Graduated		Degree Received (BS, MS, etc.)	Major
	Mo.	Yr.	Mo.	Yr.		

Nebraska State Board of Landscape Architects

Mail to: PO Box 95165 Delivery: 215 Centennial Mall S, Suite 400 Phone: 402-471-2407
 Lincoln, NE 68509-5165 Lincoln, NE 68508 Fax: 402-471-0787
 Questions? Contact us at nsbla.board@nebraska.gov or www.nsblla.nebraska.gov

SECTION III: EXPERIENCE

Record your complete work history, beginning after college graduation and concluding with your present employment. You must account for the entire time period from graduation until now, including periods of unemployment, volunteer work, non-landscape architectural work, and military experience. If a certain period of time involves part-time work, give the actual dates and indicate the number of hours per week you worked. You may attach additional copies of this section if needed.

Employment Dates Month/Day/Year	Title of position held, name and address of employer and a brief summary of the landscape architectural work performed. Make statement brief and concise.	Name, telephone number, address, and e-mail of someone familiar with each work period, preferably the person to whom applicant reported.
From 6/1/2000	<i>Landscape Architect, Smith White & Associates</i> EXAMPLE 1620 Midtown Place Raleigh, NC 27609	EXAMPLE John Doe 2309 Coley Forest Pl Raleigh, NC 27614 919-555-3746 jdoe@smithwhite.org
To 10/15/2000	<i>Lead landscape architect and landscape architect of record in all projects involved in. Project manager on many jobs. Projects included design and construction of urban plazas, parks, green roofs in the Raleigh area.</i>	
From		
To		
From		
To		
From		
To		
From		
To		

Nebraska State Board of Landscape Architects

Mail to: PO Box 95165 Delivery: 215 Centennial Mall S, Suite 400 Phone: 402-471-2407
Lincoln, NE 68509-5165 Lincoln, NE 68508 Fax: 402-471-0787
Questions? Contact us at nsbla.board@nebraska.gov or www.nsblla.nebraska.gov

SECTION VI: AFFIDAVIT

Have you been convicted of a felony in connection with your profession, or moral turpitude, under state law, federal law, or the law of another jurisdiction? yes no

If the answer to any of these questions is “yes”, please attach a detailed explanatory statement.

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

- I am a citizen of the United States, **OR**
 I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are _____, and I **have enclosed a copy** of my USCIS documentation.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

I will not represent myself as a landscape architect or offer to perform landscape architecture services in the State of Nebraska until this application is approved and a professional landscape architect license has been granted by the Nebraska State Board of Landscape Architects.

Signature of Applicant

Date

ELECTRONIC CHECK RE-PRESENTMENT POLICY

In the event that your check is returned unpaid for insufficient or uncollected funds, we may re-present your check electronically. In the ordinary course of business, your check will not be provided to you with your statement.