Landscape Architect Form 1

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Application for Licensure
Applicants Must Complete All Four Pages Of This Application In Ink

All applicants for licensure must complete this form and submit it with the appropriate licensure fee directly to the Office of the Professions at the address at the end of this form. You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. Your signature on Form 1 must be notarized by a Notary Public.

1 NYS License Number

2 Social Security Number
(Leave this blank if you do not have a U.S. Social Security Number)

3 Birth Date  Month  Day  Year

4 Print Name
Last
First
Middle

5 Mailing Address (You must notify the Department promptly of any address or name changes.)
Line 1
Line 2
Line 3
City
State  Zip Code
Country/Province

6 Telephone/E-Mail Address
Daytime Phone
Area Code  Phone Number
E-Mail Address (Please print clearly)

7 New York State DMV ID Number
(Driver or Non-Driver ID)

8 I am applying (choose only one option):
Note: If you are licensed in another jurisdiction on the basis of a Council of Landscape Architectural Registration Boards (CLARB) exam, you will be applying for licensure based upon licensure in another jurisdiction. If you are licensed outside of the U.S. or without CLARB exam, check “10 years as principal,” if applicable.

☐ for licensure and to take the LARE
☐ for licensure based upon licensure in another jurisdiction
☐ for licensure based on 10 years of lawful practice as a landscape architect, and as principal and shareholder of my own firm. I am the responsible person in charge of projects for my firm, including the stamping and signing of contract documents. I have not taken the CLARB exam.

9 Name as it appears on degree or other credentials (if different from above):
Other names you have been known by:

10 Have you ever applied for licensure in New York State?
If yes, which profession?

11 Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?

12 Are criminal charges pending against you in any court?

13 Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

14 Are charges pending against you in any jurisdiction for any sort of professional misconduct?

NOTE: If you answer “Yes” to any questions numbered 11-14, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Conviction. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents.

Landscape Architect Form 1, Page 1 of 4, Rev. 4/15
High School Education

Name of High School: ________________________________

City: ________________________________ State/Province: ________________________________ Country: ________________________________

Number of years attended: ________________________________ Attendance from: __/___ to __/___

Graduation date: __/___

College/University Education

1. Name of College/University: ________________________________

City: ________________________________ State/Province: ________________________________ Country: ________________________________

Major/Concentration: ________________________________

Number of years attended: ________________________________ Attendance from: __/___ to __/___

Title of Degree/Diploma/Certificate awarded (in the original language): ________________________________

2. Name of College/University: ________________________________

City: ________________________________ State/Province: ________________________________ Country: ________________________________

Major/Concentration: ________________________________

Number of years attended: ________________________________ Attendance from: __/___ to __/___

Title of Degree/Diploma/Certificate awarded (in the original language): ________________________________

3. Name of College/University: ________________________________

City: ________________________________ State/Province: ________________________________ Country: ________________________________

Major/Concentration: ________________________________

Number of years attended: ________________________________ Attendance from: __/___ to __/___

Title of Degree/Diploma/Certificate awarded (in the original language): ________________________________

Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction? □ YES □ NO

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. A Form 3 must be submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.

<table>
<thead>
<tr>
<th>Professional Title</th>
<th>State or Jurisdiction</th>
<th>Date License/Certificate Issued</th>
<th>License/Certificate Number</th>
<th>Limitations On License/Certificate</th>
</tr>
</thead>
</table>

Landscape Architect Form 1, Page 2 of 4, Rev. 4/15
Federal law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

☐ A. A United States citizen or National.
☐ B. An alien lawfully admitted for permanent residence in the United States.
☐ C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
☐ D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
☐ E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
☐ F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
☐ G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
☐ H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: ________________________________
☐ I. I do not reside in the United States.

If you checked any of the boxes from B-H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number: ________________________________

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

CHILD SUPPORT OBLIGATION:

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A  ☐ I am not under an obligation to pay child support;

OR

B  ☐ I am under an obligation to pay child support and (please check only one of the following)

☐ I am current and am not four months or more in arrears in the payment of child support; or,
☐ I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
☐ The child support obligation is the subject of a pending court proceeding; or,
☐ I am receiving public assistance or supplemental security income; or,
☐ None of the above four statements apply.

*New York State General Obligations Law, section 3-503
GENDER AND ETHNICITY: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

GENDER:  ☐ Male  ☐ Female

ETHNICITY:  ☐ White (not Hispanic)  ☐ Black (not Hispanic)  ☐ Asian  ☐ Hispanic  ☐ Native American

EDUCATION REVIEW

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

☐ Yes  ☐ No  Please initial: _____________

AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)

APPLICANT

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: _____________________________________________

Date __________ / __________ / __________

Month                    Day              Year

NOTARY

State of __________________________________________ County of _______________________________________

On the ____________ day of ______________________ in the year __________ before me, the undersigned, personally appeared ___________________________________, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____________________________________________

Notary ID number _____________________________________________

Expiration date __________ / __________ / __________

Month                          Day                   Year