



**Section II: Certification of Licensure/Certification (Continued)**

**3 METHOD OF LICENSURE/CERTIFICATION – Complete if applicant was licensed/certified as a landscape architect in your jurisdiction.**

- CLARB Certification
- Reciprocity - from State of \_\_\_\_\_
- Oral Exam
- State Exam - (Attach details, i.e. subjects, length)
- Examinations with passing scores set by CLARB and given without modification to the procedures set by CLARB for administration and evaluation.
- Other (explain) \_\_\_\_\_

**4 CERTIFICATION OF EXAMINATION RESULTS**

Subject	Date Passed	CLARB minimum pass	Candidate Raw Score	Candidate converted score (75 pass)

Additional comments \_\_\_\_\_

**CERTIFICATION**

I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, other than those listed above or in attachments, this licensing/certifying authority has never taken any disciplinary action against this person and that, in so far as the licensing/certifying authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct except as noted in Section II, question 1.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Address: \_\_\_\_\_

**(LICENSING/CERTIFYING  
 AUTHORITY SEAL)**

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Return Directly to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Landscape Architecture Unit, 89 Washington Avenue, Albany, NY 12234-1000.