

# Landscape Architect Form 4A

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

## VERIFICATION OF PROFESSIONAL EXPERIENCE

### APPLICANT INSTRUCTIONS

- In Section I, enter your name exactly as it appears on your Application for Licensure (Form 1).
- Ask the person under whose direction you worked to complete Section II to verify your experience and send both pages of the form directly to the Office of the Professions at the address at the end of the form. The form must bear an original signature and the stamp or seal of the supervisor(s) and date. If additional copies are needed, you may photocopy this form. **This form will not be accepted if submitted by the applicant.**

### Section I: Applicant Information

**1** Social Security Number

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

**2** Birth Date

Month    Day    Year

**3** Print Your Full Name Exactly As It Appears On Your Application for Licensure (Form 1)

Last

First

Middle

**4** 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

**5** I am/was employed by the firm of: \_\_\_\_\_

**6** I rendered the following services (check all that apply)

Landscape Architecture       Architectural Coordination       Construction       Other\*

Planning       Engineering Coordination       Construction Management

DATES OF EMPLOYMENT				LENGTH OF TIME					CHECK APPROPRIATE EXPERIENCES												
FROM		TO		FULL TIME		PART TIME (LESS THAN 35HRS/WK)			POSITION HELD				GENERAL PRACTICE OF LANDSCAPE ARCHITECTURE				RELATED ACTIVITY				
Month	Year	Month	Year	Yrs.	Mos.	Yrs.	Mos.	Hours Per Wk	PARTNER	CORP. DIR.	EMPLOYEE	OTHER *	DESIGN	WORKING DRAWINGS	ENGINEERING COORDINATION	SPECIFICATIONS	PROFESSIONAL ADMINISTRATION	TEACHING OR RESEARCH*	PUBLIC SERVICE*	OTHER*	

\*Provide explanation on a separate sheet.

**Section II: Verification Of Experience**

**INSTRUCTIONS TO ENDORSER:** To uphold the licensing law and safeguard life, health and property, the New York State Board for Landscape Architecture evaluates the level and character of each applicant's practical experience in landscape architectural work.  
 The ratings and comments you provide below will help the Board evaluate the applicant's work, ability, and character. Please complete Section II, sign, date and stamp or seal the attestation and return both pages of the form directly to the Office of the Professions at the address at the end of the form. **Do not return this form to the applicant.**

**1** The dates of employment as shown by the applicant in item 6 on page 1 are correct.  YES  NO  
 (If "No", please clarify on a separate sheet)

**2** The experience(s) checked by the applicant for the dates of employment in item 6 on page 1 are correct.  YES  NO  
 (If "No", please clarify on a separate sheet)

**3** Please indicate to the best of your knowledge the applicant's ability to practice landscape architecture by placing an "X" in the appropriate spaces below. If you check the "unsatisfactory" box for "experience" or "conduct," please submit a letter of explanation with this form.

RATING AREAS	ON LATEST DATES OF EMPLOYMENT					ON DATE OF THIS REPLY				
	Excellent	Satisfactory	Marginal	Unsatisfactory	Not qualified to answer	Excellent	Satisfactory	Marginal	Unsatisfactory	Not qualified to answer
Education										
Practical Experience										
Professional Conduct										

**AFFIDAVIT WITH ACKNOWLEDGMENT** (Notarization required.)

**SUPERVISOR/LICENSED COLLEAGUE**

I have read the applicant's summary of professional experience (Section I). I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and landscape architecture ability and that, except as otherwise noted on this form, or in attached correspondence, the work experience described by the applicant and the time claimed for it are true and accurate.

Check here if you are attaching additional information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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

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

License Number: \_\_\_\_\_ Dates of Registration: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Place  
Stamp or Seal  
Here

**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's signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Notary Stamp

**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.