



**DO NOT COMPLETE THIS APPLICATION IF:**

You were actively registered with the Department under the previous Act that expired on January 1, 2020. All eligible registrations actively registered at that time have been re-registered under the grandfather provision of the Administrative Rules.

**Important Information:**

- ◆ An application is active for three years from the date of receipt by the Department.
- ◆ Fees must be a check or money order in U.S. currency made payable to IDFPR. **FEES ARE NON-REFUNDABLE.**
- ◆ Before contacting the Department; please review our FAQ's (<http://www.idfpr.illinois.gov/About/FAQ.html>) for answers to most questions. If your specific question is not addressed in our FAQ's, please contact the Department at **800.560.6420** for assistance.
- ◆ We recommend that you review the Landscape Architect Registration Act and Administrative Rules here: <https://www.idfpr.illinois.gov/profs/LandScapeArch.html>
- ◆ **Abbreviations used in this document:**
  - Council of Landscape Architectural Registration Boards (**CLARB**)
  - Landscape Architecture Accreditation Board (**LAAB**)
  - Landscape Architect Registration Examination (**LARE**)

Before completing the application, read these instructions and then follow the directions as they apply to your specific situation. This will aid you in accurately completing your application and eliminate any delay in processing. **All Illinois Landscape Architect registrations expire on August 31st of odd-numbered years, regardless of issuance date.**

## REGISTRATION QUALIFICATIONS

### **Education:**

#### **Initial Registration:**

A Baccalaureate Degree (or MLA Degree) in Landscape Architecture accredited by LAAB or from a program meeting the requirements of Section 1275.20 of the Administrative Rules.

#### **Endorsement of Registration:**

An LAAB accredited degree or what was equivalent to the educational requirement in effect at the time of original registration.

#### **Foreign Educated applicants:**

◆ All documents submitted in a foreign language must be accompanied by an original official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

### **Examination:**

- ◆ Illinois utilizes the LARE exam for registration as a Landscape Architect.
- ◆ Proof of passage of all portions of the LARE are required for registration in Illinois.
- ◆ All examinations must be taken through CLARB.

### **Experience:**

All experience must comply with the requirements of Section 1275.30 of the Administrative Rules, gained under the direct supervision of a landscape architect, architect or professional engineer, and must be submitted on the VE-LA form or as part of the CLARB Record.

- ◆ Applicants with an approved program must submit a total of two years of verified landscape architect experience.
- ◆ Applicants with a non-approved program must submit a total of eight years of verified landscape architect experience.

# APPLICATION INSTRUCTIONS

## **IMPORTANT:**

This application is used by the Department for over 100 professions. Not all portions may apply. Before completing the application, read these instructions and then follow the directions as they apply to your specific situation. This will assist you in accurately completing your application and eliminate any delay in processing.

There are five steps to complete in order for your application to be reviewed.

**Step I** - Complete the **four-page Application for Licensure/Examination** using the below parts:

### **Part I - APPLICATION CATEGORY INFORMATION AND FEES.**

**Part IA.** Select this **ONLY** if you are a current military service member/spouse.

**Part IB.** Use the chart below to complete **PART IB 1- 4** of the application to select your method of application.

Use the rows to locate the exam or method of registration you are applying for.

If you are applying for your first registration, you will use **Acceptance of Examination**.

If you are registered as an Landscape Architect in another U.S. jurisdiction your method is **Endorsement**.

Profession Name:	Profession Code	Registration Method	Fee
Landscape Architect	157	Acceptance of Examination	\$100
Landscape Architect	157	Endorsement	\$100

### **Part II - APPLICANT IDENTIFICATION INFORMATION.**

All applicants must complete this section. If the name shown on your supporting documents is different from that shown on your application, you must submit **PROOF OF LEGAL NAME CHANGE**; (i.e. copy of marriage license, divorce decree, affidavit or court order). **A valid email address is required to receive all department notifications, license download link and renewal notices.** *If you do not have a U.S. Social Security Number, contact the Department for the appropriate affidavit form.*

### **Part III - EDUCATION INFORMATION.**

All applicants (except those submitting a CLARB Record) must complete this section. All applicants must submit an official transcript from **each** college listed on the application unless contained in your CLARB Record.

### **Part IV - RECORD OF LICENSURE INFORMATION.**

Only applicants that currently hold a Landscape Architect license/registration in another U.S. jurisdiction must complete this section. **List ONLY the active registration or license(s) you hold.**

### **Part V - RECORD OF EXAMINATION.**

All applicants (except those submitting a CLARB Record) must complete this section.

**DO NOT LIST FAILED EXAMINATIONS, ONLY LIST EXAMINATION(S) YOU HAVE PASSED.**

### **Part VI - PERSONAL HISTORY INFORMATION.**

All applicants must complete this section. If you answer **YES** to any question, you must submit the required documentation set forth by that question and include a personal statement.

### **PART VII – EXAM CODING INFORMATION.**

All applicants **SKIP** this section as it is not applicable.

### **Part VIII - CHILD SUPPORT AND TAX INFORMATION.**

All applicants must complete this section by law.

### **Part IX - CERTIFYING STATEMENT.**

All applicants must sign and date the application for it to be accepted.

## Step II - APPLICATION FEE

- ◆ The **NON-REFUNDABLE** fee must be a check or money order in U.S. currency made payable to IDFPR.

## Step III - COMPLETE THE APPLICATION CHECKLIST

- ◆ All applicants must complete the checklist and return with the application in order to process the application.

## Step IV - MAIL APPLICATION

- ◆ Mail the application, fee, application checklist and any supporting documents to the address below.

**Illinois Department of Financial and Professional Regulation,  
Attn: Division of Professional Regulation, Design/PSS4  
P.O. Box 7007  
Springfield, Illinois 62791**

## Step V - QUESTIONS

- ◆ Before contacting the Department; please review our FAQ's (<http://www.idfpr.illinois.gov/About/FAQ.html>) for answers to most questions. If not addressed in our FAQ's, please contact the Department at **800.560.6420** or email us at [\*\*FPR.DesignUnit@Illinois.gov\*\*](mailto:FPR.DesignUnit@Illinois.gov)
- ◆ Please allow four business weeks from applying before making an inquiry concerning its status.

## SUPPORTING DOCUMENTS

### A. CLARB RECORD.

A CLARB record shall contain your LARE examination scores, transcripts of your applicable landscape architecture degree(s) and your experience documentation.

OR

### B. 1. Official Certification — for your LARE examination scores.

**2. Official Transcripts** — for your applicable landscape architecture degree.

Each transcript must sent directly from the University to the department at

[\*\*FPR.DesignUnit@Illinois.gov\*\*](mailto:FPR.DesignUnit@Illinois.gov)

**3. VE-LA Form**— for your verified experience.

Each VE-LA form must sent directly from the supervisor to the department at

[\*\*FPR.DesignUnit@Illinois.gov\*\*](mailto:FPR.DesignUnit@Illinois.gov)

**4. Official Certification** — for your current registration/license in another U.S. state/territory (for endorsement applicants only.) Certification must sent directly from the state to the department at

[\*\*FPR.DesignUnit@Illinois.gov\*\*](mailto:FPR.DesignUnit@Illinois.gov)

# APPLICATION CHECKLIST

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

All applicants must complete this checklist and return with the completed application. Check only what applies to you.

## ALL APPLICANTS MUST SUBMIT:

- A completed original application.
- An application fee, check or money order (payable to IDFPR) in U.S. currency.

## INITIAL REGISTRATION APPLICANTS MUST SUBMIT ONE OF THE BELOW:

- A CLARB Record.  
OR
- Official transcripts for your Landscape Architect degree.
- VE-LA form for your experience.
- Certification of passage of the LARE from the state either on the CT-LA form or that state's equivalent form.

## ENDORSEMENT REGISTRATION APPLICANTS MUST SUBMIT ONE OF THE BELOW:

- A CLARB Record.  
OR
- Official transcripts for your Landscape Architect degree.
- VE-LA form for your experience.
- Certification from the **current** state of active practice.
- Certification of passage of the LARE.

## IMPORTANT INFORMATION ONCE REGISTERED

- ◆ Once your completed application packet has been reviewed and approved, you will receive an email from the Department with a link to download your Landscape Architecture Registration.
- ◆ All Landscape Architecture Registrations expire on August 31st of each odd -numbered years, regardless of issuance date.
- ◆ It is your responsibility to update your contact information including email address with the Department to ensure that you receive all courtesy renewal email reminders and other notifications.

# APPLICATION FOR LICENSURE AND/OR EXAMINATION

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

## PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application.  Military  Military Spouse  Not Military  Decline to Answer  
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE
	_ _ _		\$

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

<input type="checkbox"/> This is the first time I have made application for this profession in Illinois.  <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.  <input type="checkbox"/> Other: _____	<input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.  <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.
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## PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. SSN OR ITIN
		_ _ _ - _ - _

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY
	_ _ - _ _	

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY
	_ _ - _ _	

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME

8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH	10. AGE
	_ / _ / _	_
	Month Day Year	<input type="checkbox"/> Female <input type="checkbox"/> Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED	12. <b>REQUIRED</b> E-MAIL ADDRESS
Work: ( _ _ _ ) _ - _ (Area Code)  Home: ( _ _ _ ) _ - _ (Area Code)  Fax: ( _ _ _ ) _ - _ (Area Code)  Fax: ( _ _ _ ) _ - _ (Area Code)	



**PART IV: Record of Licensure Information**

*If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.*

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

*(If additional space is needed, attach a separate sheet.)*

**PART V: Record of Examination**

*If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.*

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

*(If additional space is needed, attach a separate sheet.)*



NAME (Last, First, MI):

SSN OR ITIN:

Profession:

PART VI: Personal History Information (This part must be completed by all applicants)		YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>			
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>			
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>			
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>			
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>			
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>			

**PART VII: Examination Coding Information (This part is for examination applicants only)**

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes







b) CHART III - Select the examination site you desire and enter Test Center Code:

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c) CHART IV - Find your School of Graduation and enter school code:

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d) Record the number of times you have taken this exam in Illinois or any other state:

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**PART VIII: Child Support, Tax Information and Workers' Compensation (Every applicant is required by law to respond to the following questions)**

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes  No

(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? Yes  No

3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

Are you delinquent in complying with workers' compensation obligations? Yes  No

**PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. **I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.**

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date



**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 ILSC 315 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

# VE - LA

**APPLICANT INFORMATION:**

1. NAME	LAST	FIRST	MIDDLE	DEPARTMENT USE ONLY
2. LAST FOUR DIGITS OF YOUR SSN OR ITIN				

**REQUIREMENTS AND INSTRUCTIONS:**

**Applicant:** Complete the top portion of the form then forward to your supervisor/employer to complete the remainder of it.

**Supervisor:** Complete the remainder of the form and email it directly to the Department at the address below in order for it to be associated with the application for review by the Board.

Email to: [FPR.DesignUnit@Illinois.gov](mailto:FPR.DesignUnit@Illinois.gov)

**SUPERVISOR INFORMATION:**

A. SUPERVISOR NAME	B. EMPLOYER'S NAME (AT TIME OF SUPERVISION)															
C. SUPERVISOR REGISTRATION INFORMATION <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">APPLICABLE STATE(S) OF REGISTRATION</th> <th style="width: 33%;">MO/YR INITIALLY REGISTERED</th> <th style="width: 33%;">REGISTRATION NUMBER</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	APPLICABLE STATE(S) OF REGISTRATION	MO/YR INITIALLY REGISTERED	REGISTRATION NUMBER	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	D. SUPERVISOR'S WORK ADDRESS (AT TIME OF SUPERVISION) STREET, CITY, STATE, ZIP CODE
	APPLICABLE STATE(S) OF REGISTRATION	MO/YR INITIALLY REGISTERED	REGISTRATION NUMBER													
	_____	_____	_____													
	_____	_____	_____													
_____	_____	_____														
_____	_____	_____														
E. SUPERVISOR CONTACT INFORMATION																
Phone (_____) _____																
Email _____																

**PART II. - APPLICANT EMPLOYMENT INFORMATION**

A. TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	B. DATES OF EMPLOYMENT (Use exact dates not "present.") From ___ / ___ / ___ To ___ / ___ / ___ Month Day Year           Month Day Year
C. TOTAL TIME EMPLOYED ___ Years    ___ Months	D. INDICATE PERCENT OF TIME ENGAGED IN LANDSCAPE ARCHITECTURE ACTIVITIES _____%

E. CHECK THE APPROPRIATE BOXES REGARDING LANDSCAPE ARCHITECTURE ACTIVITIES IN WHICH THE APPLICANT WAS ENGAGED.

<input type="checkbox"/> providing preliminary studies	<input type="checkbox"/> analyzing and providing for life safety requirements
<input type="checkbox"/> developing design concepts	<input type="checkbox"/> preparing and coordinating technical submissions
<input type="checkbox"/> planning of physical improvements	<input type="checkbox"/> conducting site observation of a landscape architect project
<input type="checkbox"/> establishing form and aesthetic elements	<input type="checkbox"/> other _____

F. DESCRIBE IN DETAIL THE SPECIFIC LANDSCAPE ARCHITECTURE ACTIVITIES PERFORMED BY THE APPLICANT BASED ON THE ACTIVITIES CHECKED IN BOX E OF PART II ON THE REVERSE SIDE OF THIS FORM. **THIS SECTION MUST BE COMPLETED.**

NAME (Last, First, MI):

G. In your opinion, is there any reason why the applicant should not be registered for the profession of Landscape Architect?

Yes     No    *Explain:*

SSN OR ITIN:

**AFFIDAVITS: Employer complete this section.**

I do hereby declare that this applicant was employed by me or worked under my personal supervision for the time period(s) listed and that the information I have reported herein is true and correct to the best of my knowledge.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Supervisor

Profession: