



STATE OF RHODE ISLAND

Board of Examiners of Landscape Architects

560 Jefferson Blvd, Suite 100

Warwick, RI 02886

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www.bdp.ri.gov

RECIPROCITY VERIFICATION FORM

TO: STATE BOARD NAME & ADDRESS

APPLICANT'S NAME & ADDRESS

DOB: _____
 Social Security Number: _____

THE ABOVE NAMED PERSON WAS REGISTERED AS A LANDSCAPE ARCHITECT:

 Certificate Number

 Date Issued

 Valid Until

Has this applicant been subject to any disciplinary action or pending legal action that could affect his/her professional status in your State? YES _____ NO _____ If yes, please explain on other side.

METHOD OF LICENSURE

____ CLARB Certification

____ Grandfather/mother Clause

____ Reciprocity from the State of _____

____ LARE or UNE with passing scores set by CLARB and given without modification to the procedures set by CLARB for the administration and evaluation.

____ Other (Explain) _____

LARE/UNE RECORD

SECTION	SUBJECT TITLE	DATE PASSED
	STATE EXAM	

Provided your State gives similar recognition and endorsement to Rhode Island licensed landscape architects, the applicant with current registration in your State is eligible for registration in Rhode Island via reciprocity.

*** _____ State Board (please circle one or the other) **WOULD** or **WOULD NOT** register by reciprocity (without additional examination), a Rhode Island licensed landscape architect with qualifications comparable to those of this applicant.

 Authorized Signature

 Title

 Date

BOARD SEAL