



**BRITISH COLUMBIA SOCIETY OF LANDSCAPE ARCHITECTS  
MANDATORY CONTINUING EDUCATION**

**CE CREDIT  
DEFICIENT  
REPORT FORM**

All BCSLA Registered Landscape Architects, Landscape Architects, and Interns are required to monitor their Continuing Education (CE) activities. It is important for the BCSLA to maintain a cumulative record of these CE initiatives that will support its ongoing public visibility and advocacy campaigns.

This form has been circulated to you because you were identified as CE Credit Deficient. Please submit this report along with the details of your CE activities (use separate sheet of paper) for your CE Credit Deficient Period to the BCSLA office by December 31. For more information, please visit [www.bcsla.org/education/ce.asp](http://www.bcsla.org/education/ce.asp).

The activities outlined below were undertaken in the calendar year **2008**:

<b>Name:</b> <b>Address:</b>  Tel: Fax: Email:	<b>Member Category:</b> <input type="checkbox"/> Registered Landscape Architect <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Inactive Landscape Architect Membership Number: _____ <input type="checkbox"/> Intern
<b>1. Work Experience Credits</b>  (minimum 0 credits, maximum 6 credits - at .5/full-time month of work experience) State employer, job title, dates of employment (hours if part-time) and credits claimed.	
<b>CREDITS CLAIMED: _____</b>	
<b>2. Education Courses and Training Program</b> Course or program name:  (minimum 0 credits, maximum 20 credits) List course or program name, sponsor, date taken number of contact hours or contact days, and credits claimed.	
<b>CREDITS CLAIMED: _____</b>	
<b>3. Professional Activities</b>  (minimum 0 credits, maximum 20 credits) List each individual activity, subject matter, date, and credits claimed.	
<b>CREDITS CLAIMED: _____</b>	
<b>4. Personal Development</b>  (minimum 0 credits, maximum 20 credits) List each individual activity, subject matter, date, and credits claimed.	
<b>CREDITS CLAIMED: _____</b>	
<b>5. LARE and MC/LARE</b>  (minimum 0 credits, maximum 105 credits) List LARE section(s) passed, date, and credits claimed.	
<b>CREDITS CLAIMED: _____</b>	

**2008 TOTAL CREDITS: \_\_\_\_\_**



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The activities outlined below were undertaken in the calendar year **2009**:

<p><b>Name:</b> <b>Address:</b></p> <p>Tel: Fax: Email:</p>	<p><b>Member Category:</b></p> <p><input type="checkbox"/> Registered Landscape Architect  <input type="checkbox"/> Landscape Architect  <input type="checkbox"/> Inactive Landscape Architect          Membership Number: _____  <input type="checkbox"/> Intern</p>
<p><b>1. Work Experience Credits</b></p> <p>(minimum 0 credits, maximum 6 credits - at .5/full-time month of work experience)          State employer, job title, dates of employment (hours if part-time) and credits claimed.</p> <p align="right"><b>CREDITS CLAIMED: _____</b></p>	
<p><b>2. Education Courses and Training Program</b></p> <p>Course or program name:</p> <p>(minimum 0 credits, maximum 20 credits)          List course or program name, sponsor, date taken number of contact hours or contact days, and credits claimed.</p> <p align="right"><b>CREDITS CLAIMED: _____</b></p>	
<p><b>3. Professional Activities</b></p> <p>(minimum 0 credits, maximum 20 credits)          List each individual activity, subject matter, date, and credits claimed.</p> <p align="right"><b>CREDITS CLAIMED: _____</b></p>	
<p><b>4. Personal Development</b></p> <p>(minimum 0 credits, maximum 20 credits)          List each individual activity, subject matter, date, and credits claimed.</p> <p align="right"><b>CREDITS CLAIMED: _____</b></p>	
<p><b>5. LARE and MC/LARE</b></p> <p>(minimum 0 credits, maximum 105 credits)          List LARE section(s) passed, date, and credits claimed.</p> <p align="right"><b>CREDITS CLAIMED: _____</b></p>	

**2009 TOTAL CREDITS: \_\_\_\_\_**



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The activities outlined below were undertaken in the calendar year **2010**:

<b>Name:</b> <b>Address:</b>  Tel: Fax: Email:	<b>Member Category:</b> <input type="checkbox"/> Registered Landscape Architect <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Inactive Landscape Architect Membership Number: _____ <input type="checkbox"/> Intern
<b>1. Work Experience Credits</b>  (minimum 0 credits, maximum 6 credits - at .5/full-time month of work experience) State employer, job title, dates of employment (hours if part-time) and credits claimed. <p align="right"><b>CREDITS CLAIMED: _____</b></p>	
<b>2. Education Courses and Training Program</b> Course or program name:  (minimum 0 credits, maximum 20 credits) List course or program name, sponsor, date taken number of contact hours or contact days, and credits claimed. <p align="right"><b>CREDITS CLAIMED: _____</b></p>	
<b>3. Professional Activities</b>  (minimum 0 credits, maximum 20 credits) List each individual activity, subject matter, date, and credits claimed. <p align="right"><b>CREDITS CLAIMED: _____</b></p>	
<b>4. Personal Development</b>  (minimum 0 credits, maximum 20 credits) List each individual activity, subject matter, date, and credits claimed. <p align="right"><b>CREDITS CLAIMED: _____</b></p>	
<b>5. LARE and MC/LARE</b>  (minimum 0 credits, maximum 105 credits) List LARE section(s) passed, date, and credits claimed. <p align="right"><b>CREDITS CLAIMED: _____</b></p>	

**2010 TOTAL CREDITS: \_\_\_\_\_**

**TOTAL CREDITS FOR CE CREDIT DEFICIENT PERIOD 2008-2009-2010: \_\_\_\_\_**

I attest that the information in this report is correct.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Member Name (Please print clearly.)