



BCSLA REGISTERED LANDSCAPE ARCHITECT Membership Application

NOTE: *The information below applies to British Columbia only. Entry standards vary from one jurisdiction to another.*

A **Registered Landscape Architect** is a person admitted into Membership of the Society in accordance with the requirements of the Bylaws and the Act, including qualification by education, examination and experience, payment of fees and annual fees when due, and compliance with the requirements of professional conduct and standards. A complete copy of the Bylaws and the Act are available at www.bcsla.org.

Application Procedures:

- 1) Please review this material carefully. BCSLA membership application deadlines are on **January 31st** and **June 30th** of each year. The Credentials Committee reviews all applications and makes their recommendations to the Board of Directors who have the final approval. If required the Credentials Committee may meet more frequently to review applications.
- 2) Complete the application in full. Incomplete applications will delay application processing.
- 3) Required documentation for proof of qualifications:
 - a) Academic transcript (original **or** certified copy sent directly to BCSLA from the learning institution). The transcript will confirm successful completion of a Bachelor or Masters program in Landscape Architecture at an accredited university, **and**
 - b) Academic degree, certificate, or diploma (copy).
 - c) **For candidates applying by Reciprocal Registration only:** Appendix A – License Certification Form must be completed and returned to BCSLA office directly by licensing board.
 - d) **For internationally trained candidates only:** You must have your credentials evaluated by the International Credentials Evaluation Services (ICES) and have your ICES Report sent directly from ICES to the BCSLA office. For more information, please visit www.bcsla.org/licensure.
- 4) Two letters of reference from business or professional individuals who are personally acquainted with your character and professional abilities. One must be a Landscape Architect with whom you have worked.
- 5) Submit completed application form and all documentation either electronically at www.bcsla.org, by email to admin@bcsla.org or by regular mail to the BCSLA office.
- 6) Candidates who are accepted for membership will be notified in writing by the Society upon approval by the Board of Directors. Successful applicants will be invited to appear before the Board of Examiners, which is the final step in the Admission Program. Additional information on the oral exams is available at www.bcsla.org.
- 7) The Board of Examiners administers the oral exams twice annually in Vancouver, Canada. The Registrar will inform the Candidate of the results by telephone within one business day, and formally in writing shortly thereafter.
- 8) If the Candidate is unsuccessful, the Society will provide a detailed letter to the Candidate indicating weakness(es) to assist the Candidate in further developing those skills. The Candidate will be invited to appear at a future administration of the oral exams.
- 9) Upon successful completion of the oral exams, the Candidate will be admitted to the BCSLA as a Registered Member. The Candidate will be issued a registration number, professional stamp and certificate.



Please affix a recent full-face photograph here

APPLICATION FOR REGISTERED MEMBERSHIP

(please print clearly in black ink)

NAME: _____

RESIDENTIAL ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TEL: (____) _____ EMAIL: _____

List current employer information below:

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TEL: (____) _____ FAX: (____) _____

EMAIL: _____ WEBSITE: _____

Address for Correspondence: [] Residence or [] Business

I hereby apply, by the method indicated below, for Membership and Registration into the British Columbia Society of Landscape Architects and submit the following information:

[] By Written Pre-Examination (L.A.R.E.) and Oral Examination: I have met the minimum qualification for Membership as substantiated by the enclosed experience record.

[] By Reciprocal Registration: I am a Registered Member of a Regulatory Landscape Architect Agency. Please submit Appendix A – License Certification Form – must be completed by licensing board.

Province or State: _____ Written Examination: _____

Registration Number: _____ Registration Date: _____

Registration Now in Force: [] Yes [] No

If not, provide reason: _____

[] Senior Practitioner: I have ten (10) or more years of sustained experience and membership in another Professional Landscape Architect Regulatory Agency.

Province or State: _____

Registration Number: _____ Registration Date: _____

Registration Now in Force: [] Yes [] No. Please explain: _____



Suite 110 - 355 Burrard Street
Vancouver, British Columbia V6C 2G8
T 604.682.5610 F 604.681.3394
E admin@bcsla.org www.bcsla.org

PART A. Education (original or certified copy sent directly to BCSLA from the learning institution)

INSTITUTION DEGREE/DIPLOMA RECEIVED: _____ YEAR: _____

INSTITUTION DEGREE/DIPLOMA RECEIVED: _____ YEAR: _____

INSTITUTION DEGREE/DIPLOMA RECEIVED: _____ YEAR: _____

Bachelor of Landscape Architecture Degree from a CSLA or ASLA Accredited Program or

Master of Landscape Architecture Degree from a CSLA or ASLA Accredited Program

Please contact the BCSLA office if you have a diploma/degree that is not from a CSLA or ASLA Accredited Program.

Internationally trained candidates must have an ICES Report sent directly to the BCSLA from ICES.

PART B. References (attach letters of recommendation from each of these two references)

Name **two** individuals (may be Landscape Architects, Business or Professional persons), who are personally acquainted with your character and professional abilities, giving complete addresses, phone/fax numbers and email addresses. One reference must be a registered Landscape Architect you have worked with, or worked for, who is personally acquainted with your professional abilities.

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TEL: (_____) _____ FAX: (_____) _____ EMAIL: _____

COMMENTS: _____

Registered Landscape Architect in the Province/State of: _____

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TEL: (_____) _____ FAX: (_____) _____ EMAIL: _____

COMMENTS: _____



PART C. PRACTICAL EXPERIENCE

NOTE: All employment related to Landscape Architecture should be listed. Please forward **original sealed copy** of this page to the BCSLA office. Use an additional page if required.

Employer Name and Address: _____

Contact: _____

Telephone: _____

Hours per Week: _____

Dates of Employment: _____

WORK PERFORMED

- Client Liaison
- Design
- Construction Documentation
- Specification Writing
- Field Services
- Other. Please explain:

Employer Seal

Employer Name and Address: _____

Contact: _____

Telephone: _____

Hours per Week: _____

Dates of Employment: _____

WORK PERFORMED

- Client Liaison
- Design
- Construction Documentation
- Specification Writing
- Field Services
- Other. Please explain:

Employer Seal

Employer Name and Address: _____

Contact: _____

Telephone: _____

Hours per Week: _____

Dates of Employment: _____

WORK PERFORMED

- Client Liaison
- Design
- Construction Documentation
- Specification Writing
- Field Services
- Other. Please explain:

Employer Seal

Employer Name and Address: _____

Contact: _____

Telephone: _____

Hours per Week: _____

Dates of Employment: _____

WORK PERFORMED

- Client Liaison
- Design
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- Specification Writing
- Field Services
- Other. Please explain:

Employer Seal



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PART D. Professional Organization Service (i.e. BCSLA)

Name and Address of Organization _____

PART E. Public and Community Service

Name and Address of Organization _____

PART F. Registration

Have you been denied registration in any province or state?

YES

NO

If yes, please explain: _____

PART G. Reasons for Membership Application



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Statement of Candidate

I have read the BCSLA Standards of the Profession (www.bcsla.org/profession.htm) and hereby affirm that my method of practice of Landscape Architecture is in accordance with the principles contained in these statements. I further certify that all information given on this application form is true, correct, and complete; and that I am aware that, upon acceptance to membership, false statements on this application may lead to immediate expulsion. A Member approved for Landscape Architect status will not represent himself or herself as a Registered Landscape Architect. A Landscape Architect will not use a stamp or seal of the Profession.

If I should be elected to the Society and subsequently withdraw, resign, be expelled from the Society or be dropped for non-payment of dues, I will immediately thereupon return any certificate and seal of the Society issued to me.

- I wish to apply as a BCSLA Registered Landscape Architect Member. I have read and understand the BCSLA Ten Principles of Privacy Protection Policy. Dues will be pro-rated upon acceptance. A schedule of dues is available at www.bcsla.org.

Signature of Applicant

Date: yy / mm / dd

To safeguard and protect any personal information provided to us, the BCSLA adheres to 'Ten Principles of Privacy Protection', which addresses the requirements for handling "personal information" as defined in both the federal 'Personal Information Protection and Electronic Documents Act', and the 'BC Personal Information Protection Act'. For a complete copy of the Policy please visit www.bcsla.org/pdf.htm/privacy.pdf. Your application will be processed upon receipt of your signature on the application form. **Information that you have provided above will be used to update the BCSLA websites and in other publications upon acceptance of the application. If you do not wish to be listed please contact our offices.**

BCSLA Registered Landscape Architect

Membership Application Checklist

- BCSLA Application Form completed in full
- Resume in chronological order starting with most recent employer
- Original transcripts sent directly to BCSLA by the educational institution
- Reference letter from a Registered Landscape Architect
- Reference letter from a Business Professional
- Current photo (passport photo, digital image, etc.)
- Cheque payable to "**BCSLA**" for \$56.00 Processing Fee (\$50 + \$6.00 HST)
- Appendix A – License Certification Form completed and returned to BCSLA office directly by licensing board (*For candidates applying by Reciprocal Registration only*)
- ICES Report sent directly from ICES to BCSLA (*For internationally trained candidates only*)

NOTE: Applications for Registered Membership will only be reviewed if the application is **complete** and all of the above information is submitted. Please submit completed application using the online option or by regular mail to:

ATTN: Registrar

BC Society of Landscape Architects

#110, 355 Burrard Street

Vancouver, BC V6C 2G8

For further information contact BCSLA:

T: 604.682.5610 | Toll Free (US & Canada): 855.682.5610 | F: 604.681.3394 | E: admin@bcsla.org



APPENDIX A – LICENSE CERTIFICATION FORM

All candidates who meet the BC Society of Landscape Architects reciprocity qualifications must have this form completed and returned to the BCSLA office directly from the candidate's licensing/examination board(s).

SECTION I. Candidate Information and Licensure Certification

CANDIDATE NAME: _____

FIRM: _____

ADDRESS: _____

CITY: _____ PROV/STATE: _____ POSTAL/ZIP CODE: _____ COUNTRY: _____

TEL: (____) _____ FAX: (____) _____

Is the candidate licensed to practice landscape architecture? No Yes

If yes, please list license information:

LICENSE JURISDICTION	LICENSE NUMBER	LICENSE ISSUE MM/DD/YYYY	LICENSE EXPIRATION MM/DD/YYYY

Has the candidate's license ever been professionally disciplined (including consent agreements, fines, probations, suspension and/or revocation)?

No Yes. Please explain. _____

Does the candidate have any unresolved complaints or other disciplinary proceedings currently pending?

No Yes. Please explain. _____

SECTION II. Examination Certification

Please complete this section only if the applicant is licensed in Canada or the United States.

Exam	Section	Score	Section	Score	Section	Score	Section	Score	Section	Score
LARE 6/99 - Present	A		B		C		D		E	
LARE 12/96 - 6/99	1		2		3		4		5	
CLARB Minimum Passing Score - 75	6									
LARE 1992 - 6/96	1		2		3		4		5	
CLARB Minimum Passing Score - 75	6		7							
UNE 1988 - 1991	1		2		3		4		5	
UNE 1986 - 1987	1		2		3		4			
UNE 1976 - 1985	A		B		C		D			
UNE 1969 - 1975	C		D		E		F1		F2	
	G									

LARE 6/99 – Present
 A- Project & Construction Administration
 B- Inventory, Analysis & Program Development
 C- Site Design
 D- Design & Construction Documentation
 E- Grading, Drainage & Stormwater Management

LARE 12/96 - 12/98
 1- Legal & Administrative Aspects of Practice
 2- Analytical & Technical Aspects of Practice
 3- Conceptualization & Communication
 4- Design Synthesis
 5- Integration of Technical and Design Requirements
 6- Grading & Drainage

LARE 1992 - 6/96
 1- Legal & Administrative Aspects of Practice
 2- Programming & Environmental Analysis
 3- Conceptualization & Communication
 4- Design Synthesis
 5- Integration of Technical and Design Requirements
 6- Grading & Drainage
 7- Implementation of Design through Construction Process

UNE 1988 – 1991
 1- Professional Practice
 2- Design
 3- Design Application
 4- Design Implementation
 5- Grading & Drainage

UNE 1986 – 1987
 1- Professional Practice
 2- Design
 3- Design Application
 4- Design Implementation

UNE 1976 – 1985
 A- History
 B- Professional Practice
 C- Design
 D- Design Implementation

UNE 1969 – 1975
 C- History/Theory
 D- Professional Administration
 E- Landscape Construction
 F- Plant Materials
 F2- Planting Design
 G- Landscape Architectural Design

SECTION III. Certification

I certify that the candidate information contained in this form is true and correct.

Certifier Name (please print) **Position**

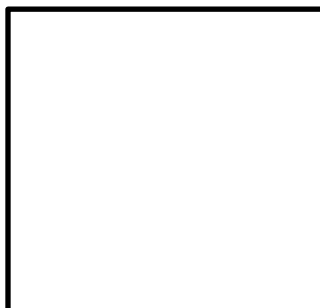
Signature **Date**

ADDRESS:

CITY: _____ **PROV/STATE:** _____ **POSTAL/ZIP CODE:** _____ **COUNTRY:** _____

TEL: (_____) _____ **FAX:** (_____) _____

EMAIL: _____ **WEBSITE:** _____



Board Seal