



BRITISH COLUMBIA SOCIETY OF LANDSCAPE ARCHITECTS

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THREE-MONTH EXPERIENCE SUMMARY

INTERN NAME: _____ **PERIOD:** _____ **to** _____

ADVISOR NAME: _____ (yy/mm/dd) (yy/mm/dd)

I declare that the following is a correct record of the Intern's experience for the period shown. **DATE:** _____ (yy/mm/dd)

Advisor's Stamp
& Signature

In a review of the Intern's qualifications, all areas of experience will be considered. The following list of recommended experiences corresponds to the general categories on the *Monthly Experience Record*.

(Note: Each month represents 150 hours based upon 7.5 hours / day x 20 days / month. Minimum total experience must equal 3,600 hours [24 months].)

EMPLOYER NAME: _____ **TELEPHONE:** (____) _____

EMPLOYER ADDRESS: _____

CITY: _____ **PROVINCE/STATE:** _____ **POSTAL CODE:** _____

EXPERIENCE	TOTAL HRS. THIS 3- MO. PERIOD	TOTAL HRS. TO DATE	MINIMUM REQUIREMENTS
Design Development			
Conceptual Designs			150 Hours
Other Design Development			150 Hours
Detail Design			
Preliminary Site Plans			150 Hours
Other Detail Designs			75 Hours
Contract Documents			
Grading / Drainage Plans			150 Hours
Planting Plan / Plant List /Details			225 Hours
Working Plans & Details			600 Hours
Other Contract Documents			300 Hours
Contract Administration			
			5 Projects
Office Practice			
			3 Projects
Open Space Planning			
			1 Project
Regulatory Review			
			5 Projects
Other			
			1 Project