

APPENDIX A: BCSLA Qualified Mentor Confirmation Form

Mentee Name

Mentor Name

Firm

Address

City

Province/State

Postal/Zip Code

Phone

Email

Profession Affiliation

☐ BCSLA Registered Landscape Architect

☐ BCSLA Landscape Architect

☐ _____ Registered Landscape Architect
(Out of Province)

Regulatory Agency

Licensure #

Allied Professional

Regulatory Agency

Licensure #

☐ I have read and understand the BCSLA Internship Policy (attached)

☐ I agree to serve as "Qualified Mentor" for _____

Mentor Signature

Date

☐ I authorize the BCSLA to use the contact information listed for the purpose(s) specified.