

BCSLA LANDSCAPE ARCHITECT MEMBER APPLICATION

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

A Landscape Architect may be:

- (a) One who chooses to withdraw from active practice in the field of landscape architecture, but wishes to retain his/her professional status;
- (b) A full-time employee in the public sector or private industry, working in primarily management, policy, administrative or co-coordinating roles; or
- (c) A full-time faculty, lecturer or writer working primarily in teaching or research.

Application Procedures:

- 1) Applicants should carefully read all material provided with this application.
- 2) Please determine your correct method of application and complete the relevant portions of the application. Incomplete applications result in delayed processing and membership.
- 3) Please provide your references with the correct forms for their confidential recommendation. Applications are reviewed monthly except for August and December. All applications are reviewed by the BCSLA Credentials Committee which makes recommendations to the Board of Directors who have the final approval at their monthly meeting (typically the fourth Tuesday of the month).
- 4) The Credentials Committee will act on applications for membership at their first regular meeting following receipt of the completed application. Incomplete applications will not be considered. Candidates who are accepted for membership will be notified in writing by the Society upon approval of the BCSLA Board of Directors.
- 5) Applicants will be notified as to the date, time, location, and requirements for their oral examination by the Registrar.
- 6) Required documentation:
 - a) Official (original) academic record transcript sent directly from the educational institution.
 - b) Academic degree, certificate or diploma (copy).
 - c) A detailed job description from your employer.
 - d) Two Endorsement Statements with accompanying reference letters.
 - e) **For internationally trained candidates only (outside Canada and US):** You must have your credentials evaluated by the International Credentials Evaluation Services (ICES) or World Evaluation Service (WES) and have your Comprehensive ICES Report sent directly from ICES or WES Course by Course Evaluation to the BCSLA office. For more information, please visit www.bcsla.org/licensure/licensure.

The BCSLA offices are located on unceded Coast Salish territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətaʔt (Tsleil-Waututh) First Nations. We recognize and respect the history, languages, and cultures of the First Nations, Métis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our organization, our lives and our country.

- f) If you require an English language proficiency assessment, we will accept IELTS-Academic or TOEFL-IBT. No other assessment test will be accepted. This information is used primarily by post-secondary institutions and professional organizations.

Method of Application

The BCSLA permits three equivalent methods for achieving BCSLA Landscape Architect Membership. Please indicate below your method of application and provide the supporting documentation and application fee required. Annual Member dues will be prorated upon acceptance of your application. Please visit www.bcsla.org for the fee schedule.

Please use this as your checklist to ensure that your application is complete:

- ☐ **Method 1:** BCSLA Registered Landscape Architect who chooses to withdraw from active practice in the field of landscape architecture, but wishes to retain his/her professional status.
- 1) Complete page 3.
 - 2) Complete section 1. *Internationally trained candidates must also have an ICES Report sent directly to the BCSLA from ICES or WES.*
 - 3) Read section 5 carefully, sign, and date.
- ☐ **Method 2:** A full-time employee in the public sector or private industry, working in primarily management, policy, administrative or co-coordinating roles.
- 1) Complete page 3 and include photograph.
 - 2) Complete section 1 and attach all original or certified transcripts. Internationally trained candidates must also have an ICES or WES Report sent directly to the BCSLA from ICES or WES.
 - 3) Complete section 2 and attach resume.
 - 4) Complete section 3 and 4 and attach two letters of reference from Landscape Architects who are familiar with your work.
 - 5) Read section 5 carefully, sign and date.
 - 6) Attach **two** completed Endorsement Statement Forms.
 - 7) Attach job description from employer or union.
- ☐ **Method 3:** A full-time faculty, lecturer, or writer working primarily in teaching or research.
- 1) Complete page 3 and include photograph.
 - 2) Complete section 1 and attach all original or certified transcripts. Internationally trained candidates must also have an ICES or WES Report sent directly to the BCSLA from ICES or WES.
 - 3) Complete section 2 and attach resume.
 - 4) Complete section 3 and 4 and attach two letters of reference from Landscape Architects who are familiar with your work.
 - 5) Read section 5 carefully, sign and date.
 - 6) Attach **two** completed Endorsement Statement Forms.
 - 7) Attach job description from employer or union.

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British Columbia Society of
LANDSCAPE ARCHITECTS

BCSLA LANDSCAPE ARCHITECT MEMBERSHIP APPLICATION

*Please affix
a recent
full-face
photograph
here*

APPLICANT NAME

RESIDENTIAL ADDRESS

CITY

PROVINCE

POSTAL CODE

TELEPHONE

EMAIL

EMPLOYER NAME

TITLE/POSITION

BUSINESS ADDRESS

CITY

PROVINCE

POSTAL CODE

TELEPHONE

BUSINESS EMAIL

NAME(S) OF INDIVIDUALS IN FIRM/OFFICE THAT ARE BCSLA REGISTERED MEMBERS IN GOOD STANDING:

Preferred Address for Correspondence: ☐ **Residence** or ☐ **Business**

Have you been denied registration in any jurisdiction? ☐ **Yes** ☐ **No**

If yes, please explain why: _____

Has your registration been revoked in any jurisdiction? ☐ **Yes** ☐ **No**

If yes, please explain why: _____



1. 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.

2. EXPERIENCE SUMMARY

	Employer / Business Name	Dates (from/to)	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

3. REFERENCES *(References must be practicing Landscape Architects.)*

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____

4. REASONS FOR PURSUING BCSLA MEMBERSHIP

5. 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.

I, _____
(Please print full name.)

hereby promise to the Society that I will only prepare working drawings, construction documents, and similar material requiring the stamp or seal of a Registered Landscape Architect when working directly with a Registered Landscape Architect, and only where such work is in accordance with the professional obligations related to the terms of our respective employment. 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 of the Society issued to me.

Information that you have provided above will be used to update the BCSLA website upon acceptance of the application. To safeguard and protect your personal information, the BCSLA will only use this information for the purpose(s) specified. It will not be re-used or distributed in any form other than for its specified purpose in compliance with [BCSLA Privacy Protection Policy](#), [PIPEDA](#), [PIPA](#), [EU-GDPR](#) and [Federal ANTI-Spam Legislation](#).

Please visit www.bcsla.org/profession/policies-and-procedures for a complete copy of the Policy.

☐ I have read and understand the BCSLA Ten Principles of Privacy Protection Policy.

Candidate Signature

Date

6. ENDORSEMENT #1 STATEMENT

(In a review of the Candidate's qualifications, all areas of experience will be considered)

DATE: _____ PERIOD: _____ to _____
YY / MM / DD YY / MM / DD YY / MM / DD

CANDIDATE NAME: _____

ENDORSER'S NAME: _____

ENDORSER'S RELATIONSHIP: _____

EMPLOYER'S NAME: _____ TEL: _____

EMPLOYER ADDRESS: _____

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

To be eligible to endorse an Applicant, a person must be a BCSLA Registered Member. The Endorser must have personal knowledge of the Applicant and his/her recent work experience. If possible, applicants should have an endorsement from their employer and one Registered Landscape Architect. Endorsers must not both be from the same office or institution. Two forms have been included for applicants applying for Membership.

I hereby endorse and sponsor _____ as a Candidate for BCSLA Membership (non-practicing), and certify that I have personal knowledge of the professional ability and character, methods of practice, and experience of the Applicant. The Candidate has satisfied the requirements for Membership in this category, and to the best of my personal knowledge, the Applicant observes and upholds the BCSLA Standards of Professional Conduct. I declare that the following is a correct record of the Candidate's experience for the period shown.

Endorser's Signature

Endorser's Printed Name and BCSLA MS #

DETAILED EXPLANATION OF RESPONSIBILITIES:

For review by the Endorser and the BCSLA Credentials Committee, please attach a detailed explanation of the Candidate's responsibilities and a rough calculation of the percentage of working time each requires, with particular emphasis upon management, policy, administration, coordination, teaching, and/or research.



7. ENDORSEMENT #2 STATEMENT

(In a review of the Candidate's qualifications, all areas of experience will be considered)

DATE: _____ PERIOD: _____ to _____
YY / MM / DD YY / MM / DD YY / MM / DD

CANDIDATE NAME: _____

ENDORSER'S NAME: _____

ENDORSER'S RELATIONSHIP: _____

EMPLOYER'S NAME: _____ TEL: _____

EMPLOYER ADDRESS: _____

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

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