

APPENDIX A: BCSLA Qualified Mentor Confirmation Form

BCSLA Intern/Associate

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 #
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Allied Professional

Regulatory Agency	Licensure #
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- I have read and understand the BCSLA Internship Policy (attached)
- I agree to serve as "Qualified Mentor" for _____

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