

# APPENDIX A: BCSLA Qualified Mentor Confirmation Form

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BCSLA Intern/Associate

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Name

Firm

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Address

City

Province/State

Postal/Zip Code

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Phone

Email

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## Profession Affiliation

BCSLA Registered Landscape Architect

BCSLA Landscape Architect

\_\_\_\_\_ Registered Landscape Architect  
(Out of Province)

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Regulatory Agency

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Licensure #

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## Allied Professional

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Regulatory Agency

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Licensure #

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

I agree to serve as "Qualified Mentor" for \_\_\_\_\_

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Signature

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Date

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