

## BCSLA REGISTERED LANDSCAPE ARCHITECT – Membership Application

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

A **Registered Landscape Architect** is a person admitted into Membership of the Society in accordance with the requirements of the Bylaws and the Act, including qualification by education, examination and experience, payment of fees and annual fees when due, and compliance with the requirements of professional conduct and standards. A complete copy of the Bylaws and the Act are available at [www.bcsla.org](http://www.bcsla.org).

### Application Procedures:

1. Please review this material carefully. BCSLA membership application deadlines are on **January 31<sup>st</sup>** and **June 30<sup>th</sup>** of each year. The Credentials Committee reviews all applications and makes their recommendations to the Board of Directors who have the final approval. If required the Credentials Committee may meet more frequently to review applications.
2. Complete the application in full. Incomplete applications will delay application processing.
3. Required documentation for proof of qualifications:
  - a. Academic transcript (original or certified copy sent directly to BCSLA from the learning institution). The transcript will confirm successful completion of a Bachelor or Masters program in Landscape Architecture at an accredited university, **and**
  - b. Academic degree, certificate, or diploma (copy).
  - c. For candidates applying by Reciprocal Registration and as Senior Practitioner only: Appendix A – License Certification Form must be completed and returned to BCSLA office directly by licensing board.
  - d. For internationally trained candidates only: Appendix B – International Candidate form must be completed and returned to the BCSLA office. For more information, please visit see Appendix B and visit [www.bcsla.org/licensure/licensure](http://www.bcsla.org/licensure/licensure)
4. Two letters of reference from business or professional individuals who are personally acquainted with your character and professional abilities. One must be a Landscape Architect with whom you have worked.
5. Submit completed application form by email to [office@bcsla.org](mailto:office@bcsla.org) or by regular mail to the BCSLA office.
6. Candidates who are accepted for membership will be notified in writing by the Society upon approval by the Board of Directors. Successful applicants will be invited to appear before the Board of Examiners, which is the final step in the Admission Program. Additional information on the oral exams is available at [www.bcsla.org](http://www.bcsla.org).
7. The Board of Examiners administers the oral exams 3-4 times annually in Vancouver, Canada. The Registrar will inform the Candidate of the results by telephone within one business day, and formally in writing shortly thereafter.
8. If the Candidate is unsuccessful, the Society will provide a detailed letter to the Candidate indicating weakness(es) to assist the Candidate in further developing those skills. The Candidate will be invited to appear at a future administration of the oral exams.
9. Upon successful completion of the oral exams, the Candidate will be admitted to the BCSLA as a Registered Member. The Candidate will be issued a registration number, professional stamp and certificate.

Please affix a  
recent  
full-face  
photograph

## APPLICATION FOR REGISTERED MEMBERSHIP

(please type or print clearly in black ink)

NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

Preferred Address for Correspondence:  Residence or  Business

I hereby apply, by the method(s) indicated below, for Membership and Registration into the British Columbia Society of Landscape Architects and submit the following information:

**By Written Pre-Examination (L.A.R.E.):** I have met the minimum qualification for Membership as substantiated by the enclosed experience record.

**By Reciprocal Registration (CA and USA only):** I am a Registered Member of a Regulatory Landscape Architect Agency. Please submit Appendix A – License Certification Form – *must be completed by licensing board.*

Province or State: \_\_\_\_\_ Written Examination: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Registration Now in Force:  Yes  No. Please explain: \_\_\_\_\_

**Senior Practitioner:** I have ten (10) or more years of sustained experience **and** membership in another Professional Landscape Architect Regulatory Agency. Please submit Appendix A – License Certification Form (Canada and US) – *must be completed by licensing board.*

Province or State: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Registration Now in Force:  Yes  No. Please explain: \_\_\_\_\_

**Internationally Trained:** I am an applicant from another jurisdiction outside than those in North America.

Please review and submit Appendix B – International Candidate Form

Province or State, Country: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Registration Now in Force:  Yes  No. Please explain: \_\_\_\_\_

**PART A. EDUCATION** (original or certified copy of transcript 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.*

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**PART B. REFERENCES** (attach letters of recommendation from each of these two references)

Name two individuals (may be Landscape Architects, Business or Professional persons), who are personally acquainted with your character and professional abilities, giving complete addresses, phone/fax numbers and email addresses. One reference must be a registered Landscape Architect you have worked with, or worked for, who is personally acquainted with your professional abilities.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Registered Landscape Architect in the Province/State of: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Registered Landscape Architect in the Province/State of: \_\_\_\_\_

## PART C. PRACTICAL EXPERIENCE

**NOTE:** All employment related to Landscape Architecture should be listed. Please forward original sealed/stamped copy of this page to the BCSLA office. Use additional page(s) if required.

**APPLICANT NAME:** \_\_\_\_\_

\_\_\_\_\_  
**Employer Name/Contact**

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City Prov/State Postal/Zip Code

\_\_\_\_\_  
 Telephone Email

\_\_\_\_\_  
 Hours/Week Dates of Employment

**WORK PERFORMED**

- Client Liaison
- Design
- Construction Documentation
- Specification Writing
- Field Services
- Other. Please explain:

\_\_\_\_\_

Supervisor Stamp or  
 Signature if N/A

\_\_\_\_\_  
**Employer Name/Contact**

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City Prov/State Postal/Zip Code

\_\_\_\_\_  
 Telephone Email

\_\_\_\_\_  
 Hours/Week Dates of Employment

**WORK PERFORMED**

- Client Liaison
- Design
- Construction Documentation
- Specification Writing
- Field Services
- Other. Please explain:

\_\_\_\_\_

Supervisor Stamp or  
 Signature if N/A

\_\_\_\_\_  
**Employer Name/Contact**

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City Prov/State Postal/Zip Code

\_\_\_\_\_  
 Telephone Email

\_\_\_\_\_  
 Hours/Week Dates of Employment

**WORK PERFORMED**

- Client Liaison
- Design
- Construction Documentation
- Specification Writing
- Field Services
- Other. Please explain:

\_\_\_\_\_

Supervisor Stamp or  
 Signature if N/A

\_\_\_\_\_  
**Employer Name/Contact**

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City Prov/State Postal/Zip Code

\_\_\_\_\_  
 Telephone Email

\_\_\_\_\_  
 Hours/Week Dates of Employment

**WORK PERFORMED**

- Client Liaison
- Design
- Construction Documentation
- Specification Writing
- Field Services
- Other. Please explain:

\_\_\_\_\_

Supervisor Stamp or  
 Signature if N/A

**PART D. PROFESSIONAL ORGANIZATION SERVICE (e.g. BCSLA)**

Name and Address of Organization

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**PART E. PUBLIC AND COMMUNITY SERVICE**

Name and Address of Organization

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**PART F. REGISTRATION**

Have you been denied registration in any province or state?  YES  NO

If yes, please explain:

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**PART G. REASONS FOR MEMBERSHIP APPLICATION**

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## STATEMENT OF CANDIDATE

I have read the BCSLA Standards of the Profession ([www.bcsla.org/profession/bylaws-standards](http://www.bcsla.org/profession/bylaws-standards)) 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.

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 and seal of the Society issued to me.

- I wish to apply as a BCSLA Registered Landscape Architect Member. I have read and understand the BCSLA Ten Principles of Privacy Protection Policy at [www.bcsla.org/profession/policies-and-procedures](http://www.bcsla.org/profession/policies-and-procedures). Dues will be pro-rated upon acceptance. A schedule of dues is available at [www.bcsla.org](http://www.bcsla.org).

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE (MM/DD/YYYY)

To safeguard and protect any personal information provided to us, the BCSLA adheres to 'Ten Principles of Privacy Protection', which addresses the requirements for handling "personal information" as defined in both the federal 'Personal Information Protection and Electronic Documents Act', and the 'BC Personal Information Protection Act'. For a complete copy of the Policy please visit [www.bcsla.org/pdf.htm/privacy.pdf](http://www.bcsla.org/pdf.htm/privacy.pdf). Your application will be processed upon receipt of your signature on the application form. **Information that you have provided above will be used to update the BCSLA websites and in other publications upon acceptance of the application. If you do not wish to be listed please contact our offices.**

### BCSLA Registered Landscape Architect - Membership Application Checklist

- BCSLA Application Form completed in full
- Resume in chronological order starting with most recent employer
- Original transcripts sent directly to BCSLA by the educational institution
- Reference letter from a Registered Landscape Architect
- Reference letter from a Business Professional
- Current photo (passport photo, digital image, etc.)
- Cheque payable to "**BCSLA**" for \$52.50 Processing Fee (\$50 + \$2.50 GST)
- Appendix A – License Certification Form completed and returned to BCSLA office directly by licensing board (*For candidates applying by Reciprocal Registration and as Senior Practitioner only.*)
- Appendix B – International Candidate Form completed and returned to BCSLA office with ICES Report and LPI score (*For internationally trained candidates only.*)

**NOTE:** Applications for Registered Membership will only be reviewed if the application is **complete** and all of the above information is submitted. Please submit completed application by email or by regular mail to:

**ATTN: Registrar**

**BC Society of Landscape Architects**

**#450, 355 Burrard Street**

**Vancouver, BC V6C 2G8**

T: 604.682.5610 | Toll Free (US & Canada): 855.682.5610 | F: 604.681.3394 | [admin@bcsla.org](mailto:admin@bcsla.org) | [www.bcsla.org](http://www.bcsla.org)

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