South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of
Landscape Architectural Examiners
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11419 • Columbia • SC 29211-1419
Phone: 803-896-4580 • Contact.LSA@llr.sc.gov
llr.sc.gov/land

LANDSCAPE ARCHITECT LICENSE APPLICATION REQUIREMENTS AND APPLICATION PROCESS OVERVIEW

Before calling in to the Board Office – You may check your application status online at: https://eservice.llr.sc.gov/SSO/Login/LoginPage.

This application is for initial licensure applicants and applicants currently licensed in another jurisdiction/state with requirements substantially equivalent to South Carolina. If you would like to apply for reinstatement of a license that has been lapsed for less than two years, please complete the Landscape Architects Reinstatement Application.

All applicants must pass the Landscape Architect Registration Examination (LARE), administered by the Council of Landscape Architect Registration Boards (CLARB) prior to applying for licensure with the Board. Please contact CLARB for additional information about scheduling examinations.

METHODS OF LICENSURE

LICENSURE BY EXAMINATION

The following is required to apply for a Landscape Architect license by examination:

1. Submit a completed application and application fee,
2. Be proficient in reading and writing the English language,
3. Successfully pass all sections of the CLARB Landscape Architect Registration Examination (LARE); and
4. Complete **one** of following educational and experience requirements:
    - Graduate from a Board-approved accredited landscape architectural curriculum and have at least two (2) years of varied landscape architectural experience under the supervision of a licensed landscape architect or other Board-approved individuals; or
    - Graduate from a Board-approved non-accredited landscape architectural curriculum or a four (4) year college with a degree in a related field and have at least five (5) years of varied landscape architectural experience under the supervision of a licensed landscape architect or other Board-approved individuals;

LICENSURE BY RECIPROCITY

The following is required to apply for a Landscape Architect license by reciprocity:

1. Submit a completed application and application fee,
2. Be proficient in reading and writing the English language,
3. Hold a current, active license to practice landscape architecture issued upon examination from another jurisdiction, if the requirements of that jurisdiction are substantially equivalent to those of this State.

LICENSURE BY CLARB CERTIFICATION

The following is required to apply for a Landscape Architect license by CLARB:

1. Submit a completed application and application fee,
2. Submit certification documents from the Council of Landscape Architectural Registration Boards (CLARB) that verifies qualifications for licensure.

Application Process:

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period; you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

1. **Application** – In addition to a completed application, the following must also be sent:
   - **Application Fee**: Application fee made out to the Board of Landscape Architectural Examiners. (Fees are non-refundable and non-transferable) *A returned check fee of up to $30, or an amount specified by law, may be assessed on all returned funds*.
     - $50 for Licensure by Examination
     - $200 for Licensure by Reciprocity or CLARB Certification
   - **Identification:**
     - Copy of your valid driver's license, state issued ID, or passport
     - Copy of signed Social Security card
   - **Notarized Verification of Lawful Presence Form**
   - **Legal documentation of name change** (marriage certificate, divorce decree, etc.)
   - **Personal History Questions:** For each "Yes" answers in the Personal History Information, a completed Explanation of "Yes" Answer form must be completed. Copies of legal documentation should also be included. Additional information may be requested by the Board Office and/or an appearance before the Board may be required.
2. **Documents should be sent directly to the Board from the issuing agency/institution.**
   - **CLARB Council Record:**. Records must include examination report, employment verifications and official educational transcripts. If applying for Licensure by CLARB Certification, the official certification will need to be included in the Council Record packet.

   For applicants without a CLARB Council Record:
   - **Verification of Licensure:** Contact each state jurisdiction you are currently or have previously been licensed with and have the certificate of licensure sent directly to the Board office via email at Contact.LSA@llr.sc.gov or mail.
   - **Employment Verification Form:** For current and previous work experience. Do not send form for self-employment. Each company attesting to work experience should send the completed form directly to the Board office via email at Contact.LSA@llr.sc.gov or mail.
   - **Education Verification:** Contact your college/university to request an official transcript be sent directly to the Council office. Transcripts may be emailed to Contact.LSA@llr.sc.gov or mailed to the Board office. Only the highest level of completed education needs to be submitted. If the school is no longer in existence, contact the State Education Department for records.
   - **Examination:** Contact CLARB to request records be sent directly to the Board office via email at Contact.LSA@llr.sc.gov or mail. If you have passed sections of the examination in another state, forward the Reciprocity Verification Form to the state board and have them complete and return to the Board office.
3. **Licensure**: Once the Board is in receipt of your application, it will be reviewed. If additional information is required, you will be contacted by the Board office.

   Upon approval the Board office will issue the license.

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LANDSCAPE ARCHITECTURE LICENSURE APPLICATION

Submit the following with your application to the above address:

- Check or money order only made payable to LLR – Board of Landscape Architectural Examiners. Fee is non-refundable. NO CASH IS ACCEPTED. A return check fee of up to $30, or an amount specified by law, may be assessed on all returned funds.
  - Licensure by Examination: $50
  - Licensure by Reciprocity: $200
  - Licensure by CLARB Certification: $200
- Copy of your valid Driver's License, State Issued Photo ID, or Passport.
- Copy of your Social Security Card.
- Notarized Verification of Lawful Presence Form
- Legal documentation of name change (marriage certificate, divorce decree, etc.), *if applicable*
- Explanation of "Yes" Answer Form and supporting documentation, *if applicable*

Have the following information submitted directly to the Board at the above address:
Documentation may be mailed from the issuing agency to the address above or emailed to Contact.LSA@llr.sc.gov.

- CLARB Council Record or
- For applicants without a CLARB Council Record:
  - Examination Records
  - Employment Verification
  - Official college transcripts
  - Verification of Licensure

I. APPLICATION TYPE

☐ Licensure by Examination ☐ Licensure by Reciprocity ☐ License by CLARB Certification

II. APPLICANT INFORMATION

Last Name:_____ First:_____ Middle:_____ Suffix:_____

Have you ever legally changed your name? ☐ Yes ☐ No Maiden/Prior Name:_____
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City:_____ State:_____ Zip:_____

Mailing Address: _____ City:_____ State:_____ Zip:_____
(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

III. CURRENT EMPLOYMENT

Employer: _____ Position Title: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Business Email: _____

IV. EXAMINATION

Complete this section only if you are applying for licensure by examination. List the dates of successful completion of any portions of the LARE examination. Proof of examination completion should be included in the CLARB Council Record.

Project and Construction Administration	Date: _____
Inventory and Analysis	Date: _____
Design	Date: _____
Grading, Draining and Construction Documentation	Date: _____

V. CLARB CERTIFICATION

Complete this section only if you are applying for licensure by CLARB Certification. Contact CLARB to request a copy of the certification be transmitted to the Board.

Certification Number: _____ Date Received: _____ Exp. Date: _____

VI. EDUCATION

For undergraduate and graduate degrees, please indicate institution attended, degree received (including major), and date of degree. Transcripts must bear the seal of the institution and signature of the Registrar (unless you are transmitting a CLARB Council Record).

Name and Location of Institution: _____

Attendance _____ to _____ Degree Received: _____
Mo./Day/Year Mo./Day/Year

Name and Location of Institution: _____

Attendance _____ to _____ Degree Received: _____
Mo./Day/Year Mo./Day/Year

VII. RECORD OF LICENSURE

List all states/jurisdictions where you hold or have held a license to practice Landscape Architecture, including with the SC Board. Attach additional sheets if necessary.

State: _____ License #: _____ Expiration date: _____ Basis for Licensure: _____

State: _____ License #: _____ Expiration date: _____ Basis for Licensure: _____

State: _____ License #: _____ Expiration date: _____ Basis for Licensure: _____

VIII. PERSONAL HISTORY INFORMATION

Please answer all the questions. For any "Yes" answers in the Personal History Information submission of the Explanation of Yes Answer Form is required. Provide copies of any case, file or licensing documents or records showing the final disposition, if applicable. Additional information may be requested by the Board Office or an appearance before the Board may be necessary.

1. Have you been convicted, pled guilty, or pled nolo contendere (no contest) to a felony or a crime involving drugs or crimes of dishonesty (other than a minor traffic violation)? ☐ Yes ☐ No

2. Have you surrendered or allowed a professional or occupational registration/license to lapse due to pending or threatened disciplinary action? ☐ Yes ☐ No

3. Have you ever had an application for a license/certificate to practice a profession or occupation refused or denied by a licensing board, commission or other entity? ☐ Yes ☐ No

4. Have you been the subject of disciplinary action by a professional or occupational registration Board? Disciplinary action includes, but is not limited to, any reprimand, fine, probation, suspension, revocation, cease and desist order, consent orders, settlement agreements, stipulations or other action relating to the practice of landscape architecture. ☐ Yes ☐ No

IX. AFFIRMATION

I, _____ hereby swear/affirm that the information on this application is accurate. I understand that providing false or inaccurate information in this application may result disciplinary action and/or a denial of this application. I have carefully read the questions in the foregoing application and have answered them completely

Applicant Signature: _____ Date: _____

PRIVACY NOTICE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION

VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other:_____Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number:_____ I-94 Number: _____

(**If you checked number 2, 3, or 4 you must attach a copy of your immigration documents**. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

_____
Signature of Affiant

SWORN to before me this_____day of_____, 20_____

_____
Notary Signature

_____
Print Name

Notary Public for _____

My Commission Expires: _____

Rev: 02-02-2015

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:
If you are a United States Citizen by birth or naturalization

CHECK box 2:
If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.
PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:
If you are a Qualified Alien. You are a Qualified Alien if you are:
An alien who is lawfully admitted for residence under the INA.
An alien who is granted asylum under Section 208 of the INA.
A refugee who is admitted to the United States under Section 207 of the INA.
An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.
An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).
An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.
An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.
PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:
Unexpired Reentry Permit (I-327)
Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)
Unexpired Refugee Travel Document (I-571)
Unexpired Employment Authorization Card Which Contains a Photograph (I-766)
Machine Readable Immigrant Visa (with Temporary I-551 Language)
Temporary I-551 Stamp (on passport or I-94)
I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)
DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)

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EXPLANATION OF "YES" ANSWERS

Name: _____ Email: _____

Type of Certificate/License Applying For (check one):

☐ Landscape Architect ☐ Landscape Firm

Explanation of "Yes" answer to Personal History Question no. (Check one only):

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Jurisdiction in which the action/event occurred (City, County & State): _____

Any case, file or credential number: _____

Offense(s) Explanation: You must provide a detailed statement of the events surrounding the conviction(s), denial or discipline of licensure, including all pertinent information (such as charges, dates, locations, and sentences). Provide copies of any case, file or licensing documents or records showing the final disposition, if applicable. Attach additional pages or copies of this form if necessary.

AFFIRMATION

I certify that that all statements, answers and representations made in this form, including all supplementary documents submitted with the form, are true and correct to the best of my knowledge after undertaking due diligence to determine their accuracy. I understand that providing any false, incomplete or misleading information herein is grounds for the denial or revocation of my license or registration in South Carolina.

_____ _____

Signature Date