



**South Carolina Board of
Landscape Architectural Examiners**

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Phone: 803-896-4580 • Contact.LSA@llr.sc.gov

llr.sc.gov/land

Provider	Program Title & Description	Location	Dates	Hours	Self Directed	HSW
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Official Use only Hrs approved	Presenter	Comments				
					Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provider	Program Title & Description	Location	Dates	Hours	Self Directed	HSW
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Official Use only Hrs approved	Presenter	Comments				
					Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Official Use only Hrs approved	Presenter	Comments				
						Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/>

Total Hours: _____

Total HSW Hours: _____

AFFIDAVIT

I certify that the information submitted above is true and accurate and I have attached all required documentation. _____
Date

Printed/Typed Name of Licensed Landscape Architect

Signature of Licensed Landscape Architect

SC License Number

Daytime telephone number

SUMMARY of REQUIREMENTS:
20 hrs per two year period as per Chapter 76-6

Please return form and documents to:
Contact.LSA@lra.sc.gov

*Note: If additional space is required, attach additional pages