



# STATE OF RHODE ISLAND

## Bd. of Examiners of Landscape Architects

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Cranston, RI 02920

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[www.bdp.state.ri.us](http://www.bdp.state.ri.us)

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### EXPERIENCE FORM

**COMPLETE SECTION 1. PRINT** your name and address as they appear on your application form. **SUBMIT A SEPARATE EXPERIENCE FORM FOR EACH EMPLOYER.**

Send the form to the Registered Allied Professional who supervised your work. He/she should verify your employment by completing **Section 2** on the bottom of this form and return it to you in a sealed envelope.

#### SECTION 1: Candidate Information

#### Is/was employed by the firm of:

Full Name \_\_\_\_\_ SS# \_\_\_\_\_

Firm Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

→ **FULL-TIME** - Hours worked in excess of 35 hours per week shall not be calculated into the total time required.

From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo./Day/Yr. Mo./Day/Yr.

**TOTAL WEEKS:** \_\_\_\_\_ x 35 hrs. = \_\_\_\_\_ **HOURS**

Percentage of time in the following categories of landscape architectural work: Drafting \_\_\_\_ Design \_\_\_\_

Wrkng Drawings \_\_\_\_ Project Mngt \_\_\_\_ Construction Mngt \_\_\_\_ Teaching \_\_\_\_ Research \_\_\_\_ Other \_\_\_\_

→ **PART-TIME** - (Minimum of 10 hrs. per week) Experience gained on a part-time basis under 10 hours per week or over 35 hours per week shall not be calculated into the total time required.

From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo./Day/Yr. Mo./Day/Yr.

**AVG. HRS. WORKED/WEEK:** \_\_\_\_\_ x **TOTAL WKS.** = \_\_\_\_\_ **HOURS**

Percentage of time in the following categories of landscape architectural work: Drafting \_\_\_\_ Design \_\_\_\_

Wrkng Drawings \_\_\_\_ Project Mngt \_\_\_\_ Construction Mngt \_\_\_\_ Teaching \_\_\_\_ Research \_\_\_\_ Other \_\_\_\_

#### SECTION 2: VERIFICATION OF SUPERVISOR FOR LANDSCAPE ARCHITECT

Circle

- |    |  |     |    |
|----|--|-----|----|
| 1. | The dates of employment shown are correct.                                     | Yes | No |
| 2. | The type or work and hours worked by the applicant are correct.                | Yes | No |
| 3. | The applicant worked under my direct supervision for the period of time shown. | Yes | No |

If "no" please clarify in space provided. \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
State of Registration

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Stamp or Seal

Thank you for your cooperation in supplying the information requested. Please send this form directly to the [applicant in a sealed envelope.](#)