STATE OF RHODE ISLAND
Board of Examiners of Landscape Architects
1511 Pontiac Avenue, Building 68-2
Cranston, RI 02920
(401) 4622-9595 Fax: (401) 462-9532
www.bdp.state.ri.us

RECIPROCITY VERIFICATION FORM

TO: **STATE BOARD NAME & ADDRESS** **APPLICANT'S NAME & ADDRESS**

THE ABOVE NAMED PERSON WAS REGISTERED AS A LANDSCAPE ARCHITECT:

_____ _____ _____
Certificate Number Date Issued Valid Until

Has this applicant been subject to any disciplinary action or pending legal action that could affect his/her professional status in your State? **YES**_____ **NO**_____ If yes, please explain on other side.

METHOD OF LICENSURE

____CLARB Certification ____Grandfather/mother Clause
____Reciprocity from the State of _____
____LARE or UNE with passing scores set by CLARB and given without modification to the procedures set by CLARB for the administration and evaluation.
____Other (Explain)_____

LARE/UNE RECORD

SECTION	SUBJECT TITLE	DATE PASSED
	STATE EXAM	

Provided your State gives similar recognition and endorsement to Rhode Island licensed landscape architects, the applicant with current registration in your State is eligible for registration in Rhode Island via reciprocity.
****_____(State Board) **WOULD** _____ **WOULD NOT** register by reciprocity (without additional examination), a Rhode Island licensed landscape architect with qualifications comparable to those of this applicant.

_____
Authorized Signature

_____ _____ **BOARD SEAL**
Title **Date**

****** - This statement must be completed by the verifying registration Board.**
Revised: 3/09