

STATE BOARD OF LANDSCAPE ARCHITECTS

Mailing Address:

**Landscape Architect Board
P.O. Box 2649
Harrisburg, PA 17105-2649**

Tel: 717.772.8528 Fax: 717.705.5540
E-Mail: st-landscape@pa.gov
Website: www.dos.pa.gov/land

Courier Address:

**Landscape Architect Board
2601 North Third Street
Harrisburg, PA 17110**

**PROVIDER APPLICATION FOR CONTINUING
EDUCATION COURSE APPROVAL**

Follow Instructions Below and Submit All Required Documents

A. Information:

1. Application must be typed or printed in black ink.
2. Application and fee must be received at least **120 days prior** to course/program presentation.
3. Subject matter for continuing education courses must be limited to courses pertaining to the enhancement of the professional skills as a Landscape Architect.
4. Courses in Office Management or Marketing practice will **not** be approved.
5. The Board reserves the right to reject a submitted course which is outside the scope of practice of Landscape Architecture or is otherwise unacceptable because of presentation, content or failure to meet the criteria in §15.73, §15.74 and §15.75 of the regulations.
6. Disapproval of a course will include a statement setting forth reasons for disapproval. Providers may submit a new application, which shall document alterations made in order to meet the Board's requirements.
7. Falsification of a clock hour report by a program provider will result in revocation of approval by the Board for further program offerings of that provider.
8. Providers shall inform the Board of any material modifications in approved courses.
9. Maintain for your records a copy of your completed application prior to submission.
10. Providers shall supply adequate facilities that provide physical access to licensees in conformance with applicable laws except for satellite seminars and electronic presentations.
11. Providers shall insure that instructors are qualified.

Satellite/Electronic Presentations:

1. The Board shall accept no more than twelve (12) credit hours per biennium of satellite seminars and electronic presentations from a licensee.
2. Providers of satellite seminars or electronic presentations shall document affiliation with an educational institution or other entities identified in §15.76 (relating to sources of continuing education courses) or provide a mechanism to test or evaluate the licensee's successful completion of the course.
3. Satellite seminars viewed at other sites by electronic transmission shall have a moderator present or available by telecommunication facility.
4. Electronic presentations shall consist of television viewing, use of computers, telecommunications and the like, at any location that provides a mechanism to test or evaluate the licensee's successful completion of the credit hours.
5. Satellite seminars and electronic presentations shall comply with requirements applicable to all continuing education courses/programs.

B. Instructions:

The following attachments must be submitted with the application:

1. Check or money order in the amount of **\$100.00** payable to the "Commonwealth of Pennsylvania". Fees are non-transferable and non-refundable.

NOTE: A \$20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment.

2. Copies of course/program and syllabus which show the following:

- Provider's name and address
- Name of course coordinator
- Dates and locations of course/program
- Information on instructors: Name, Title, Affiliations, and Degrees
- Detailed time schedule, hour by hour, of subject matter
- Evaluation methods
- Total clock hours. Clock hour is fifty minutes of instruction or participation, **NOT** including keynote speeches, luncheon speeches or breaks and marketing or product presentation
- Method in which provider certifies attendance
- Sample of Certificate of Completion/Transcript

4. Evidence of meeting standards of §15.75 of the regulations as follows:

- Subject matter pertaining to the enhancement of the Landscape Architect's professional knowledge and practice skills.
- A procedure to periodically review the qualifications of instructor(s) and the subject matter to ensure that it is contemporaneous.

5. Electronic Presentations:

- As Applicable:
 - a) Internet Address
 - b) Cassettes/CDs (Audio/Visual)
- Mandatory:
 - a) Course Text
 - b) Test or evaluation materials

NOTE: The Board finds the courses provided, approved, sponsored or co-sponsored by the following entities meet the standards of the act and its rules and regulations and need NOT submit an application for review:

- (1) The American Society of Landscape Architects and its chapters.
- (2) The American Nursery & Landscape Association and its chapters.
- (3) The American Planning Association and its chapters.
- (4) The American Institute of Architects and its chapters.
- (5) The National Society of Professional Engineers and its chapters.
- (6) The National Recreation and Parks Association and its chapters.
- (7) The Pennsylvania Society of Land Surveyors.
- (8) The Urban Land Institute.
- (9) Accredited landscape architect programs or programs in fields related to landscape architecture in colleges and universities.
- (10) Agencies of the Commonwealth and Federal government offering training programs in landscape architecture and its related fields.
- (11) The Council of Landscape Architects Registration Boards (CLARB) or its successor.

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(SUBMIT AT LEAST 120 DAYS PRIOR TO COURSE PRESENTATION)**

Section 1	Provider Information		Please Print or Type										
Provider Name													
Address	STREET:												
	CITY:					STATE:			ZIP:				
FID Number: (If applicable)													
Telephone												Ext.	
E-Mail Address													
Section 2	Fee - \$100.00												
Submit check or money order in the amount of \$100.00 payable to the "Commonwealth of Pennsylvania". Fees are non-transferable and non-refundable.											NOTE: A \$20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment		
Section 3	Course Contact Person/Coordinator												
Name													
Address	Street:												
	City:					State:			Zip Code:				
Telephone												Ext.	
E-Mail Address													

Section 4		Course Information	
Course Title			
Total Number of Clock Hours Requested		<input type="checkbox"/>	Please check box if satellite course or electronic presentation. (Must complete Sect. 6)
Core Subjects Offered			
Date/s Offered			
Course Locations			
Method of Certifying Attendance			
Course Objectives			
Section 5		Instructor Information (List Moderator if satellite / electronic presentation.)	
Instructor Name	Title	Affiliation	Degree
1)			
2)			
3)			
Section 6		Satellite and Electronic Presentation (If applicable)	
Site of Satellite Presentation			
Location of Satellite Viewing Sites			
Check Applicable Statement		<input type="checkbox"/>	SATELLITE SEMINAR - Course viewed at other sites by electronic transmissions that have a moderator present or available by telecommunication facility.
		<input type="checkbox"/>	ELECTRONIC PRESENTATION - Course consisting of television viewing, use of computers, telecommunication and the like, at any location that provides a mechanism to test or evaluate the licensee's successful completion of the credit hours.
Section 7		Verification Statement	
<p>I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.</p> <p>I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.</p>			
Coordinator's Signature:		Date:	