

#### HORTICULTURE COMMISISION

5825 Florida Blvd., Suite 1003 Baton Rouge, LA 70806 (225) 952-8100; FAX (225) 925-3760

Date

Amt. \$

.00

# LOUISIANA LANDSCAPE ARCHITECT EXAMINATION SECTION 1

Name :						
City:	State:	Zip Code:				
Email Address:						
Date of Birth:	Social Secu	Social Security Number (Last 4 Digits Only):				
<b>EXAM TYPE</b> Choose One:						
Louisiana Lar	ndscape Architect Examination Fee	\$200.00	Retake Fee \$100.00			
<b>EXAM SITE</b> Choose One:						
Online*	Baton Rouge LDAF Main (	Office (In-person)				
for exam setup and p	_	ation in which to tak				
information refees.  2. Applicants lict of your CLAR transmitted the same application appropriate for the same appropriat	B scores, along with proof of curre to us from CLARB.  Cants need to complete Section 1 o	on, signed, dated and have the state of in nt license status; or, nly, sign and date be	I notarized, with the appropriate itial licensure send a certified copy have your CLARB council record low and return this sheet with the ouncil record and the information			
Signature:		Date:	OFFICE USE Transmittal # Check #			

## **SECTION 2**

Have you obtained a passing score on all parts of the CLARB National Examination (LARE) or an exam approved by CLARB for landscape architects?

Yes

No

Examination Passed:	CLARB	Other - Enter Exam Name:	

If you have passed all sections of the CLARB National Examination or a similar examination, arrange for the commission office to receive a certification or other evidence of your passing score. The jurisdiction where you took the exam may send verification *directly* to the commission office, or you may request an

### **SECTION 3**

Enter the following information about your education:

**Exam** – All new applicants must complete this section:

Date Passed:\_\_\_\_\_

examination verification or CLARB council record from www.clarb.org.

College/University:	Major:	
	To:	
	Date Conferred:	
College/University:	Major:	
	To:	
	Date Conferred:	
College/University:	Major:	
	To:	
	Date Conferred:	
College/University:	Major:	
	To:	
Degree:	Date Conferred:	

Arrange for the commission office to receive an official transcript(s) directly from the college or university to the commission office.

### **SECTION 4**

Date To: State Nature, Character and Magnitude of Work: Name of Supervisor: Title of Supervisor: License of Supervisor: \_\_\_\_\_ Employed (Choose one): Full-time Part-time Name of Employer: Address of Employer: State: Zip Code: Phone Number of Employer:\_\_\_\_\_ Date From: Date To: State Nature, Character and Magnitude of Work: Name of Supervisor:\_\_\_\_\_\_ Title of Supervisor:\_\_\_\_\_ License of Supervisor: \_\_\_\_\_ Employed (Choose one): Full-time Part-time Name of Employer: Address of Employer: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Phone Number of Employer: Date From: \_\_\_\_\_Date To:\_\_\_\_\_ State Nature, Character and Magnitude of Work: Name of Supervisor: \_\_\_\_\_\_ Title of Supervisor: \_\_\_\_\_ License of Supervisor: \_\_\_\_\_ Employed (Choose one): Full-time Part-time Name of Employer: Address of Employer: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number of Employer: \_\_\_\_\_\_ **AFFIDAVIT** State of \_\_\_\_\_\_ county or parish of \_\_\_\_\_ on this \_\_\_\_\_\_, before me personally appeared \_\_\_\_\_\_ known to me to be the person herein described, and as having signed this application, and on oath affirms that all the statements herein made are true. Notary Public: Signature of Applicant: Seal:

Experience: Start with the most recent position and work backwards. Attach additional sheets as needed.



## everblue

## **Technology Requirements for Online Testing**

- Use a traditional desktop or laptop. You cannot take the exams from mobile devices (e.g., Chromebook, iPhone, iPad, Android device, etc.).
- Check to be sure your computer operating software is up to date. Your operating system must be updated and at a minimum: Windows 10+ or macOS 11+.
- You will need to have Internet Speed Upload: 1 Mbps and Download: 2 Mbps. Tethering and Hotspots are not suggested.
- You need a working webcam and microphone.
- You can only use ONE monitor; dual monitors are not allowed.
- You will need administrative rights to your computer to download and install the proctoring tool.
- Use an updated version of Google Chrome, Edge, Firefox or Safari.

## LDAF Rules for testing: Title 7 Part XXIX

- § 105. A. 1. An applicant must be 17 years of age or older to take an examination for licensure or apply for a permit but must be 18 years of age or older before a license or permit will be issued to the applicant.
- § 111. A. Any person taking an examination for licensure must score a 70 percent or above to pass the examination
  - B. An applicant who fails to complete or pass an examination for licensure must wait at least **seven days** before reapplying to take the examination.
  - C. A passing score on an examination is valid for five years, after which time the applicant must apply to retake the examination.
- §113. B. An applicant shall be disqualified from completing an examination or taking any other examination administered under these rules and regulations if the applicant is caught or found to be cheating on an examination.
  - C. Any applicant caught or found to be cheating shall not be allowed to finish the examination and shall receive a score of zero. If an applicant finished the examination prior to the discovery of the cheating the applicant's examination shall be voided and the applicant shall receive a score of zero.
  - F. If the action or administrative decision is not appealed or is upheld on appeal then the applicant shall not be allowed to take or re-take the examination or any other examination administered under these rules and regulations for a period of three years from the examination date without the approval of the commission given at a meeting of the commission.