LANDSCAPE ARCHITECT CONTINUING EDUCATION CERTIFICATION FORM

For License Year Feb. 1, thru Jan	. 31,
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I hereby certify that I have met the continuing education requirements for license renewal for Landscape Architects through the activities listed below. I understand that if I am selected for an audit by the Horticulture Commission, I will be required to submit documented proof of having obtained the continuing education credits for the year being audited. I further understand that failure to comply with these requirements or providing false statements regarding these requirements could be considered a violation of the Commission's rules.

Activity Log

Occumentation will be required if selected for audit. Minimum of eight hours required.

Documentation will be required if selected for audit. Minimum of eight hours required.				
Date MM/DD/YY	Sponsor/Provider Location (City and State)	Title/ Description of Activity	Number of Credit Hours	
Continuing E	lucation Units carried over from previou	ıs year (4 hours maximum):		
Date:	Name:	Signature:		
Daytime Phone	Number:	License Number (as shown on renewal applicatio	n)	

All records that document proof of having obtained the required continuing education credits must be maintained for a period of three years following the year of completion. **Please submit this form with your license renewal application.** This form may be duplicated as needed.

Landscape Architecture Continuing Education Documentation Form

For License Year Feb. 1, _____ thru Jan. 31, ____

COURSE or ACTIVITY TOPIC
COURSE or ACTIVITY PROVIDER
COURSE or ACTIVITY DATE
COURSE or ACTIVITY LOCATION
NUMBER OF CONTACT CREDIT HOURS
Please Print Name of Licensed Landscape Architect
Signature of Licensed Landscape Architect
Signature of Course or Activity Provider Representative

Please complete all information above that apply. This form should be maintained as part of your file records to aid in documentation of continuing education credits. If audited, this form should be provided with any other documentation that you may have.