

**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.