



State of Tennessee  
Board of Architectural and Engineering Examiners  
Department of Commerce and Insurance  
500 James Robertson Parkway, Nashville, TN 37243-1142  
800-256-5758      615-741-3221 (Nashville Area)      615-532-9410 (FAX)

## **Landscape Architectural Registration Exam (LARE) Information**

(for initial registration as a Registered Landscape Architect)

**You may fill out forms and applications online. The forms and applications have to then be printed because they must be signed and/or notarized.**

### **Law and Rules**

The Law and Rules can be accessed from the Board's home page. The registration law for architects, engineers, landscape architects, and registered interior designers is found at *Tennessee Code Annotated*, Title 62, Chapter 2.

Before submitting this application, you must have met the minimum requirements for registration, because the application fee is **not refundable**.

### **Early LARE Eligibility**

Applicants wishing to sit for the LARE **before completing the required experience** must file the "Application for Early Landscape Architect Registration Exam Eligibility." (Found in the Forms and Downloads list as "Application for Early Landscape Architect Exam Eligibility.")

Applicants who **have completed the required experience** must file this application with the Board.

### **Fee Information**

Submit the application fee with your application. Make check payable to the **Tennessee Department of Commerce and Insurance**.

- Application Fee – **\$30** (non-refundable)  
No application fee is due if you applied for Early LARE Eligibility.
- LARE Fees – to be paid to CLARB (Council of Landscape Architectural Registration Boards).  
([Click here](#) for LARE administration dates, deadlines and fees)
- Biennial Registration Fee – **\$140** (due after LARE is passed)

### **Exam Sites and Scheduling Information**

Candidates may take the LARE divisions in any order at any Pearson VUE location they choose (subject to availability). Contact CLARB for LARE administration dates and deadlines.

Exam candidates must get pre-approval from the Tennessee Board before registering for sections 1-4 through the [CLARB](#) website. Candidates will need to indicate that they have been approved by the Tennessee Board when registering for the examination to have their exam scores sent to the Tennessee Board.

### **Special Accommodations**

If you have a disability that requires special accommodations to take the exam, you will need to provide the appropriate documents ([Request for Accommodation](#)) to this Board at the time you submit your application.

## Score Reporting Procedures

You will have direct access to all score reports through My Account.

## Notice Regarding Disclosure of Social Security Numbers

Federal and state laws, including 42 U.S.C. § 405(c)(2)(C)(i), 42 U.S.C. § 666(a)(13), T.C.A. §§ 36-5-711 and 36-5-1301, require disclosure of the social security number for the purpose of administering the state child support program. The social security number will be redacted prior to making your record available for public inspection.

## Forms

### (1) Application Form –

Fill out the application form completely (on-line or after downloading it), sign it before a notary. Any major modification of state approved forms may cause the Board to reject your application. Provide detailed information in regard to design work on projects, progressive in nature, to enable evaluation of experience. All time/experience must be accounted for whether it is related to landscape architecture or not. **You must show the minimum required years of experience at the time of registration (not application).**

### (2) Eligibility Verification for Entitlements –

If you are a natural person applying for a license, registration, certification or other benefit you must “Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee’s Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States...” **Specific instructions are on the three (3) pages following the application.** Submit the appropriately signed form (page 2) and documents, if required, with the application.

### (3) Reference Form –

- a. Submit five references. Three (3) must be from registered landscape architects, registered architects, or registered engineers who are personally acquainted with your technical ability.
- b. References are required from both a current employer/supervisor and a past employer/supervisor (if applicable).
- c. No more than three (3) references can be from a place of employment.
- d. References from relatives are not acceptable.

You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office. Completed reference forms may be e-mailed to [wanda.garner@tn.gov](mailto:wanda.garner@tn.gov) or [frances.p.smith@tn.gov](mailto:frances.p.smith@tn.gov).

## Establishing Your Eligibility to Test

Request a transmittal of your CLARB record to the Board.

If you are approved to take the Landscape Architect Registration Exam (LARE), the Board office will notify CLARB and CLARB will notify you to begin scheduling exams. Please contact CLARB at 571-432-0332 if you have any problems during this process.

## Review Procedure

When your application packet is complete, it will be circulated among the members of the Landscape Architect Committee for their review. The review may take up to three weeks. If approved to take the Landscape Architect Registration Exam (LARE), the Board office will notify CLARB of your eligibility to take the exam.

## **Pending Status**

An application that lacks required information or reflects a failure to meet any requirement will be held in a "pending" status for five (5) years from the date of the application. These requirements include passing the required registration exam.

## **Professional Privilege Tax**

All architects, engineers and landscape architects registered in Tennessee with an active registration status as of June 1 in a given year are required by State law to pay to the Department of Revenue an annual professional privilege tax. This tax should not be paid at the time of application. If your application is approved, and your registration status is active on June 1, you will be billed for the tax by the Department of Revenue VIA E-MAIL. [Click here](#) for additional information.

## **Board Contact**

If you have questions about any of this information or about your application, call Wanda Garner or Frances Smith, Landscape Architect Applications Coordinators, at 800-256-5758, 615-741-3221, or send an e-mail: [wanda.garner@tn.gov](mailto:wanda.garner@tn.gov) or [frances.p.smith@tn.gov](mailto:frances.p.smith@tn.gov).

Updated July 2015



500 James Robertson Parkway  
Nashville, TN 37243  
Tel: 615-741-2241  
<http://www.tn.gov/commerce/>

FOR OFFICE USE ONLY
LICENSE TYPE 1203
TRANSACTION TYPE 1010
FILE NUMBER _____
ENTITY NUMBER _____
APPLICATION NUMBER _____
AMOUNT PAID _____

### LANDSCAPE ARCHITECT EXAM APPLICATION

Only applicants with complete applications are eligible for consideration. You may attach additional pages as necessary. Please type or print clearly in ink. Checks should be made payable to the Department of Commerce & Insurance.

Send the completed application to:

**Attn: Board of Architectural and Engineering Examiners  
The Department of Commerce & Insurance  
500 James Robertson Parkway  
Nashville, TN 37243**

**Section One:** Applicant Identification and eligibility verification

Name of Applicant: \_\_\_\_\_  
Last First Middle

Are you currently licensed? Yes/No \_\_\_\_\_ If Yes, License Number \_\_\_\_\_

Social Security Number OR Federal EIN \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



State of Tennessee  
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1142

## APPLICATION FOR LANDSCAPE ARCHITECT REGISTRATION

Type or print legibly

Full Name \_\_\_\_\_ Mr. Ms.  
Last First Middle

Social Security No. \_\_\_\_\_

Residence Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Residence Phone No. \_\_\_\_\_

Business Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business Phone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address for Correspondence: Business Residence

Date of Birth \_\_\_\_\_ City/State \_\_\_\_\_

Citizen of (State/Foreign Country) \_\_\_\_\_ Can you speak and write English? Yes No

I am applying for registration by:

### Examination

Do you require special accommodations for taking the examination? Yes No

### NOTE:

Following approval by the Tennessee Board to sit for Sections 1-4, candidates must register with CLARB at [www.clarb.org](http://www.clarb.org) to pay the exam fees.

**Comity** (for applicants registered in another jurisdiction)

**Reapplying** (if previously registered in Tennessee)

Previous registration number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CLARB Certificate Number: \_\_\_\_\_. Council Record holders are still required to complete the entire application.

Applicant's Full Name \_\_\_\_\_

If you have ever changed your name through marriage or action of a court or have ever been known by any other name, list name(s) and date(s) of change \_\_\_\_\_

Have you passed a written CLARB examination? Yes      No  
If so, name state and year \_\_\_\_\_

In what states are you registered? \_\_\_\_\_  
(give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them \_\_\_\_\_

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings? If yes, please provide additional documentation to the Board office. Yes      No  
If so, name state and year \_\_\_\_\_

Have you ever been convicted of a felony? Yes      No  
If yes please provide additional documentation to the Board office.  
If so, name place and year \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Name and Address of Institution	Attendance (From-To)	Date of Graduation	Degree Received
_____			
_____			
_____			
_____			

Applicant's Full Name \_\_\_\_\_

**Experience**

List each engagement *in chronological order beginning with first engagement*. Provide detailed, but concise, information of progressive experience on landscape architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Applicant's Full Name \_\_\_\_\_

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	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Applicant's Full Name \_\_\_\_\_

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	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Applicant's Full Name \_\_\_\_\_

List names and complete addresses of five persons acquainted with your technical ability, three of whom must be registered landscape architects, architects, or engineers. A maximum of three references may be from one employer. References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). References from relatives are not acceptable.

REFERENCES	STATE OF REGISTRATION	REGISTERED LANDSCAPE ARCHITECT, ARCHITECT, ENGINEER, EMPLOYER/SUPERVISOR	COMPLETE ADDRESS

APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as a landscape architect and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_



STATE OF TENNESSEE DEPARTMENT OF  
COMMERCE AND INSURANCE REGULATORY  
BOARDS DIVISION  
500 JAMES ROBERTSON PARKWAY  
DAVY CROCKETT TOWER  
NASHVILLE, TENNESSEE 37243

Eligibility Verification for Entitlements Act Attestation Instructions

INSTRUCTIONS: If you are a natural person applying for a license, registration, certification or other benefit you must:

1. Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee's Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States, by selecting your status in Part A below signing on the line labeled "Applicant's Signature," printing your name on the line labeled "Printed Name" and putting the current date on the line labeled "Date."

AND

Do one (1) of the following:

2. If you are claiming United States citizenship, present one (1) of the forms of identification provided for in Part B below. **If you provided your Social Security Number as part of your application for licensure, registration, certificate or other benefit, no additional documentation is required; however, please be aware that efforts may be made to verify any such number.**
3. If you are claiming qualified alien status, present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program, as provided in Part C below.
4. If you are claiming qualified alien status but you are unable to present two (2) forms of documentation provided for in Part C of this form, then you shall present at least one (J) such document that shall then be verified through the SAVE program.  
or
5. If you are claiming you are foreign national not physically present in the United States, contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.

Eligibility Verification for Entitlements Act AttestationPart A. Eligibility Verification for Entitlements Act Attestation

I hereby attest under penalty of perjury that I am (select one):

A United States citizen;

A qualified alien as defined in Tenn. Code Ann. § 4-58-102;<sup>1</sup>

A foreign national not physically present in the United States. Further, I understand that should I ever become physically present in the United States while I hold this license, registration, certification or other benefit I agree to immediately contact the issuing agency and provide documentation to confirm my status as a qualified alien.

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Applicant's Signature

---

Printed Name

---

Date

**Submitting false information or omitting pertinent or material information in connection with this application or any violation of the Eligibility Verification for Entitlements Act may result in the revocation of any license, registration, certification or other benefit issued to the applicant. A person who willfully makes a false, fictitious or fraudulent statement or representation of United States citizenship may be prosecuted under 18 U.S.C. § 911 and/or the False Claims Act, T.C.A. §§ 4-18-101, et seq.**

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<sup>1</sup> Qualified alien means "A qualified alien as defined by 8 U.S.C. § 1641(b)" or "An alien or nonimmigrant eligible to receive state or local public benefits under 8 U.S.C. § 1621(a)." Pursuant to those statutes, this includes, but is not necessarily limited to:

- An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [8 U.S.C. § 1101et seq.];
- An alien who is granted asylum under section 208 of the Immigration and Nationality Act [8 U.S.C. § 1158];
- A refugee who is admitted to the United States under section 207 of the Immigration and Nationality Act [8 U.S.C.A. § 1157];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182(d)(5)] for a period of at least 1 year;
- An alien whose deportation is being withheld under section 243(h) of the Immigration and Nationality Act [8 U.S.C. § 1253] (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of the Immigration and Nationality Act [8 U.S.C. § 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104-208);
- An alien who is granted conditional entry pursuant to section 203(a)(7) of the Immigration and Nationality Act [8 U.S.C. § 1153(a)(7)] as in effect prior to April 1, 1980;
- An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980);
- A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. §§ 1101, et seq.];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182 (d)(5)] for less than one year.

Eligibility Verification for Entitlements Act Additional Required Documentation

**Part B.** If you are claiming United States citizenship, you must present one (1) of the following:

- A valid Tennessee driver license or photo identification license issued by the Department of Safety;
- A valid driver license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Safety;
- An official birth certificate issued by a state, jurisdiction or territory of the United States, including Puerto Rico, United States Virgin Islands, Northern Mariana Islands, American Samoa, Swains Island, or Guam; provided that Puerto Rican birth certificates issued before July 1, 2010, shall not be recognized;
- A United States government-issued certified birth certificate;
- A valid, unexpired United States passport;
- A United States certificate of birth abroad (DS-1350 or FS-545);
- A report of birth abroad of a citizen of the United States (FS-240);
- A certificate of citizenship (N560 or N561);
- A certificate of naturalization (N550, N570 or N578);
- A United States citizen identification card (1-197, 1-179);
- Any successor document of those listed at Tenn. Code Ann. §§ 4-58-103(c)(4)-(9); or
- **A social security number that may be verified with the Social Security Administration in accordance with federal law (if you provided your social security number as part of your application for licensure, no additional documentation is required; however, please be aware that efforts may be made to verify any such number).**

**Part C.** If you are claiming qualified alien status, you must present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program. Such forms of identification may include:

- I-327 (Reentry Permit);
- I-551 (Permanent Resident Card);
- I-571 (Refugee Travel Document);
- I-766 (Employment Authorization Card);
- Certificate of Citizenship;
- Naturalization Certificate;
- Machine Readable Immigrant Visa (with Temporary I-551 Language);
- Temporary I-551 Stamp (on passport or I-94);
- Unexpired Foreign Passport;
- WT/WB Admission Stamp in Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status);
- DS-2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status);
- Any other document determined by the U.S. Department of Homeland Security to be acceptable through the Systematic Alien Verification for Entitlements (SAVE) program created pursuant to the federal Immigration Reform and Control Act of 1986.

**Part D.** If you are claiming qualified alien status, but you are unable to present two (2) forms of documentation as described in Part C, then you shall present at least one (1) such document as described in Part C, which shall then be verified through the SAVE program.

**Part E.** If you are claiming that you are a foreign national not physically present in the United States, please contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.



TENNESSEE BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-1142  
800-256-5758 615-741-3221 (NASHVILLE AREA) 615-532-9410 (FAX)

## REFERENCE

### THIS REQUEST LETTER IS TO BE COMPLETED BY THE APPLICANT

(Name and Address of Reference)

Re: \_\_\_\_\_  
(Print or Type Name of Applicant)

Dear \_\_\_\_\_

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration to

practice    \_\_\_ architecture  
              \_\_\_ engineering  
              \_\_\_ landscape architecture

Please send the information requested on the second page directly to the Board office. I have attached a copy of the experience page(s) from my application for verification purposes. Please return the experience page(s) to the Board office with the completed reference form. *If more space is needed, please do not write on the back; use a separate sheet of paper.*

\_\_\_\_\_  
(Signature of Applicant)

Board Statement to Reference:

This Board is required by law to obtain evidence of the good character and technical ability of applicants for registration as architects, engineers, and landscape architects. Statements by responsible individuals with personal knowledge of the applicant's character and qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an architect, engineer, or landscape architect, qualified to practice in Tennessee.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application.

**THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.**

(see page 2)

Applicant's name \_\_\_\_\_

**To Be Completed By The Reference**

THIS IS CONFIDENTIAL INFORMATION – FOR USE OF BOARD MEMBERS ONLY

- 1. How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_ inclusive
- 2. Are you in any way related to the applicant? \_\_\_\_\_ What relationship? \_\_\_\_\_
- 3. What has been your connection with the applicant? \_\_\_\_\_

4. Is the applicant's experience description listed on the application consistent with your knowledge of his or her experience?      Yes      No      Unknown

Comments: \_\_\_\_\_

5. How would you rate the applicant's:

Above Average      Average      Below Average      Unsatisfactory      Unknown

Quality of Work \_\_\_\_\_

Technical Knowledge \_\_\_\_\_

Professional Integrity \_\_\_\_\_

Character & Reputation \_\_\_\_\_

6. To your knowledge, has the applicant ever been convicted of a felony? \_\_\_\_\_

7. Would you employ the applicant in a position of trust? \_\_\_\_\_

8. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change designs or specifications? \_\_\_\_\_

9. If the applicant is in individual practice, please indicate the nature of the practice: \_\_\_\_\_

10. Do you recommend the applicant for registration? \_\_\_\_\_

11. Remarks concerning the applicant: \_\_\_\_\_

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as an architect, engineer or landscape architect and after having carefully read the information given on the previous page.

a. My full name is \_\_\_\_\_  
(to be typewritten or printed)

b. My present employer is \_\_\_\_\_

c. My title or position is \_\_\_\_\_

d. I am/am not a registered \_\_\_\_\_ architect  
 \_\_\_\_\_ engineer  
 \_\_\_\_\_ landscape architect in the State of \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address—please include an e-mail address or phone number)

\_\_\_\_\_