

# REQUIREMENTS FOR LICENSURE - LANDSCAPE ARCHITECT

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

## REQUIREMENTS

1. Possess the proper education and/or experience as contained below; and
2. Pass the CLARB exam (L.A.R.E) or a similar licensing exam or document 15 years of experience in responsible charge; **AND**
3. Pass the Board-produced landscape architectural licensing exam (Hawaii Plant Materials).

## PATHWAYS

There are two basic pathways to licensure:

1. If you are currently licensed in another state, you will be seeking licensure via endorsement.
  2. If you are **NOT** licensed in any other state, you will be seeking licensure via exam.
- On page 1 of the application form, please indicate which pathway (1a, 1b or 2) for licensure you are taking.

**NOTE:** If you passed any examination but are not licensed in any other state, have your exam results sent to the Hawaii Board directly from the other state board with which you passed the exam.

## MINIMUM EDUCATION & EXPERIENCE

The amount of experience required is dependent on the level of education you have and the pathway applicable to you:

EDUCATION LEVEL	LAWFUL EXPERIENCE	EXAMINATIONS
1. Master's or higher degree in landscape architecture from an approved institution & graduate of a 4-yr. landscape architectural curriculum from an approved school or college, <b>AND</b>	2 years	L.A.R.E. exam or 15 years responsible charge * BOARD EXAM
2. Graduate of a 4-yr. landscape architectural curriculum from an approved school or college, <b>AND</b>	3 years	L.A.R.E. exam or 15 years responsible charge * BOARD EXAM
3. Graduate of a 4-yr. pre-landscape architectural or arts and science curriculum from an approved school or college, <b>AND</b>	5 years	L.A.R.E. exam or 15 years responsible charge * BOARD EXAM
4. No Degree	12 years	L.A.R.E. exam or 15 years responsible charge * BOARD EXAM

On page 1 of the application form, please indicate which level of education (1 to 4) you have.

\* Option of 15 years of experience in Responsible Charge is only applicable to Licensure via Endorsement.

## FOREIGN EDUCATION

In addition to the foregoing, graduates of foreign colleges **must have their foreign education evaluated if they wish to have their college degree(s) considered.**

In order to do this, contact the Licensing Branch at (808) 586-3000 and request an "Application for Evaluation of Foreign Educational Credentials". Complete the form and submit it with the required documents and fee to Educational Credential Evaluators, Inc. (ECE). Request a general report. Applications are also available on the internet at: [www.ece.org](http://www.ece.org).

Reports are prepared by ECE and a copy is usually sent to us within 4-6 weeks following receipt of all required documents.

## VERIFICATION OF EDUCATION AND EXPERIENCE

Applicants are required to document his/her education and experience. However, your level of education and pathway for licensure will dictate the type of verification you will need to submit. Refer to the listing on page 2 for ways to provide evidence of your experience.

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## VERIFICATION OF EDUCATION AND EXPERIENCE (Cont'd.)

**NOTE:** If you need to sit for an exam, all experience must be completed by the filing deadline of the examination date you are requesting:

1. CLARB Council Record holder. You must request CLARB to transmit your CLARB Council Record to the Board.
2. Supervised experience:  
You must have the "Verification of Supervision" form (EAS-16) completed by your supervisor(s). If your supervisor is no longer available, contact your original state of licensure and have them submit copies of documentation on your experience **directly** to the Board.
3. "Experience in Responsible Charge" (for licensure via endorsement):  
You must have form EAS-11 completed. Please note that experience in responsible charge will require twice the amount of the required lawful experience. (For example: Every two (2) years of experience in responsible charge will be credited for one (1) year of the required lawful experience.)
4. Combination of #2 and #3 above.

## EXAMINATION

### **Applicants for licensure via endorsement:**

Verification of your current license, examination and exam scores must be accomplished. Send the "Verification of Exam/License" form (S-1) to the state in which you were ORIGINALLY LICENSED BY EXAMINATION with the appropriate service fee, if any. Contact your state licensing agency for any charge. If more than one form is needed, in cases where the exams were taken in more than one state, please duplicate. Completion of this form will also serve to verify your out-of-state license.

If you wish to have the CLARB exam waived, you will need to have a licensed landscape architect complete the "Verification of Experience in Responsible Charge" form (EAS-11) documenting 15 years of experience in responsible charge.

### **Applicants for licensure via the CLARB exam:**

In Hawaii, the CLARB exam (L.A.R.E.) is administered only on Oahu. All candidates must submit a completed state application form to the Board and receive approval in order to sit for any section(s) of the exam including the Board-produced Hawaii Plant Materials exam. The L.A.R.E. is regularly conducted three times a year in April, August and December, and applications shall be submitted at least ninety (90) calendar days prior to the date of the L.A.R.E.

In order to register for the L.A.R.E. exam, you must do the following:

- 1) Create a "profile" with CLARB at [www.clarb.org](http://www.clarb.org); and
- 2) File an Application for Licensure - Landscape Architect with the Board's office. The Board must provide CLARB with your eligibility information. Note: CLARB will allow boards to submit the eligibility listing 3 months prior to the exam date.
- 3) You may create your profile with CLARB in advance. However, do not attempt to "register" for the exam with CLARB until 3 months prior to the exam date.

An applicant may apply for the Board-produced landscape architectural licensing exam (Hawaii Plant Materials) on the same application for the L.A.R.E. exam.

### **The Board-produced landscape architectural licensing State exam (Hawaii Plant Materials):**

- Only after the Board has approved your application may you register to sit for the Board-produced state exam ("Hawaii Plant Materials exam).
- As of June 16, 2023, the Board-produced exam is proctored by PSI Services, LLC. For exam information, including registration, exam locations, and Candidate Information Bulletins, please visit PSI services, LLC website: <https://test-takers.psiexams.com/hitrade>. For telephone registration, please call (833) 333-4754. Applicants will be required to pay an exam fee directly to PSI Services, LLC.

Note: Passage of both the L.A.R.E. and the Hawaii Plant Materials exams are required for a landscape architect license.

\*\*\*The locations available for the exam out-of-state are solely at the discretion of PSI Services, LLC\*\*\*

If you require special accommodations to sit for the licensure examination, please contact the Exam Branch immediately, but no later than the exam filing deadline, at (808) 586-2711 to obtain a "Disability Certification" Form that will need to be completed and returned to our office. No action will be taken to provide special testing accommodations until your exam application is complete and approved.

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## INFORMATION & INSTRUCTIONS - LANDSCAPE ARCHITECT

### SUBMITTALS

1. Complete the entire application; provide details of your experience in the "Experience Record" portion (keep in mind that "supervisor" refers to a licensed landscape architect other than yourself);
2. Provide a copy of all pertinent diplomas or official transcript(s) from an approved school or college or ECE report (if you are a graduate of a foreign college);
3. **A non-refundable application fee of \$150 for endorsement or \$100 for exam made payable to: Commerce & Consumer Affairs; AND**
4. "Verification(s) of Supervision" form completed by your supervisor(s), who is a licensed landscape architect and/or "Experience in Responsible Charge" form from a licensed landscape architect.
5. "Verification of Exam/License" form from another state Board.  
OR
6. CLARB Council Record. Request CLARB to transmit your CLARB Council Record.

***Check must be made in U.S. dollars and be from a U.S. financial institution.***

\*\*\*Please note that an exam fee must be paid directly to PSI Services, LLC to take the Board-produced State Exam.\*\*\*

Complete the on-line fillable application form or print legibly in black ink. Answer all questions and sign and date the application form. **Applications that lack supporting documents required for exam or licensure will not be considered.** It is the applicant's responsibility to ensure that all documents are received timely.

### REQUIREMENTS

Please read the requirements section carefully. Should you have a question or concern regarding the requirements, contact the Licensing Branch Manager at (808) 586-3000.

Individuals from the neighbor islands can call the toll free access numbers:

Kauai:	274-3141 ext. 6-3000	Maui:	984-2400 ext. 6-3000
Hawaii:	974-4000 ext. 6-3000	Molokai:	1-800-468-4644 ext. 6-3000
Lanai:	1-800-468-4644 ext. 6-3000		

Information can also be obtained from the Professional & Vocational Licensing Division's website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl).

### SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency.

#### FEDERAL LAWS:

**42 U.S.C.A. §666(a)(13)** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and if you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

#### HAWAII REVISED STATUTES ("HRS"):

**§576D-13(j), HRS** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

### FEES

**A non-refundable application fee of \$150 for endorsement or \$100 for exam.** Make check payable to: **COMMERCE & CONSUMER AFFAIRS** (unless otherwise noted). Check must be made in U.S. dollars and be from a U.S. financial institution.

**A \$60 exam fee must be paid directly to PSI Services, LLC to take the Board-produced State exam (Hawaii Plant Materials).**

**NOTE:** One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

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## RETURN OF REQUIRED ITEMS

Mailing Address:

Board of EASLA  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

Office Location:

335 Merchant Street, Room 301  
Honolulu, HI 96813

OR

Phone: (808) 586-3000

## RESPONSE

You will receive a deficiency notice or an approval notice upon receipt of all required documents and review of your application.

If for any reason you are denied the registration or license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that issues your registration or license and must be received within 60 days of the date that your application for registration or license has been denied.

## RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

## ABANDONMENT

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes, but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

## LAWS & RULES PUBLICATIONS

You must certify to reading, understanding, and agreeing to comply with the Hawaii Revised Statutes and Hawaii Administrative Rules governing this license area. Please see below for the chapter numbers of the applicable Hawaii Revised Statutes and Hawaii Administrative Rules. To obtain a copy of the statutes and rules, send a written request to: Board of EASLA, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801. In addition, you may download the statutes and rules from the following website: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Engineer, Architect, Surveyor, Landscape Architect".

For Landscape Architects, you should be familiar with Chapter 464 (HRS), Chapter 115 (HAR), and Chapter 436B, the Professional and Vocational Licensing Act.

## LICENSURE & RENEWAL

After all requirements are fulfilled, license fees will be due. Notification of amounts will be sent to you at the appropriate time.

For Landscape Architects, all licenses (**regardless of issuance date**) will expire on **April 30 of each EVEN-NUMBERED year** and are subject to renewal by the license expiration date. Renewals received after the license expiration date are subject to late renewal fees and may be restored up to 2 years. After 2 years, a new application for licensure is required.

## CHANGE OF ADDRESS

Whenever you have a change of address, please report it to the department in writing so that your records can be updated.

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

# APPLICATION FOR LICENSURE - LANDSCAPE ARCHITECT

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

Check your pathway to licensure **and** your education level.

#1  **Via Endorsement**

Current License in \_\_\_\_\_ (State)

License No.: \_\_\_\_\_

Education Level:  1  2  3  4

Years of Experience: \_\_\_\_\_

a.  with CLARB exam

Passed CLARB exam in \_\_\_\_\_ (State) on \_\_\_\_\_ (Date)

b.  without CLARB exam

#2  **Via CLARB exams**

Education Level:  1  2  3  4

Years of Experience: \_\_\_\_\_

CLARB Certificate holder? .....  YES  NO

Date CLARB requested: \_\_\_\_\_

FOR BOARD USE

Approved: CLARB \_\_\_\_\_ STATE \_\_\_\_\_

Passed: CLARB \_\_\_\_\_ STATE \_\_\_\_\_

License No. **LA -** \_\_\_\_\_

Date Licensed: \_\_\_\_\_

Legal Name (First, Middle)	(Last)	Employer's Name, Address & Phone No.
Residence Address (Include Apt. No., City, State and Zip Code)		Indicate EXAM DATE applying for: CLARB (C & E Only): <input type="checkbox"/> June <input type="checkbox"/> December ..... Hawaii Plant Materials: Month _____
Mailing Address ( <b>ONLY</b> if different from above)		
Other Names Used:	Phone No. (days):	Social Security No.:

Check answers and provide detailed explanation and supporting documents if applicable.

1. Are you at least 18 years of age? .....  YES  NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....  YES  NO
3. Have you ever applied for or been licensed as a Landscape Architect in Hawaii? .....  YES  NO  
*If "YES" indicate the MONTH and YEAR: \_\_\_\_\_ or License No.: \_\_\_\_\_*
4. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? .....  YES  NO

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Appl. .... 244 ..... \$150/\$100  
 Board-produced exam ..... 258 ..... \$60

Reg ..... 245 ..... \$64  
 CRF ..... 247 ..... \$50/\$100  
 1/2 Renewal ..... 240 ..... \$52  
 Service Charge. .... BCF ..... \$25

Name of Applicant (Landscape Architect): \_\_\_\_\_

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

5. Are there any disciplinary actions pending against you? .....  YES  NO
6. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  YES  NO

**EXPLAIN "YES" RESPONSES, PROVIDING DATES, PLACES, AND TYPE OF CONVICTION OR DISCIPLINARY ACTION ON A SEPARATE SHEET AND SUBMIT PERTINENT DOCUMENTATION FROM THE COURTS OR LICENSING AUTHORITY.**

<b>EDUCATION</b> (Indicate if School of Landscape Architect with University & clarify degree, as "Bachelor's in Landscape Architect")					
Name & Location of School	Dates (mo/yr)		Date Graduated	Degree Received	Major
	From	To			
College/University					
Other College/University					

<b>EXPERIENCE RECORD</b> (You may attach additional sheets provided that the information is in this format)						
ENGAGEMENT NUMBER	DATES (mo/yr) TIME (yrs & mos)			TITLE OF POSITION, NAME OF EMPLOYER & CHARACTER OF EACH EMPLOYMENT. Designate each employment or change in position by a separate letter and a ruled line extending across page. Include magnitude & complexity of work on which engaged, your duties & degree of responsibility. Have in mind that the Examining Committee is more interested in your specific duties rather than the number of persons employed or over-all cost of projects.	YOUR SUPERVISOR	
	FROM	TO	TOTAL TIME		NAME & ADDRESS	LICENSED LANDSCAPE ARCHITECT?

	<b>SUMMARY (By Applicant) TOTAL EXPERIENCE</b>
	<b>SUMMARY (By Board)</b>

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Name of Applicant (Landscape Architect): \_\_\_\_\_

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

**AFFIDAVIT OF APPLICANT:**

I certify that the statements, answers and representations made in this application and documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of my registration and is a misdemeanor (Section 710-1017, Section 436B-19 and Section 464-10, Hawaii Revised Statutes). I further certify that I have read, understand and agree to comply with the provisions of Hawaii Revised Statutes, Chapter 464, and Hawaii Administrative Rules, Chapter 115.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize the Board and staff to release any and all information regarding my application (including, but not limited to, application status) to:

Print name of individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Print Form

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