



Ohio Board of Landscape Architect Examiners

77 South High Street, 16th Floor
Columbus, Ohio
43215-6108

Phone (614) 466-2316
Fax (614) 644-9048
www.arc.ohio.gov/lae

Instructions for Application for Registration to Practice Architecture by Reciprocity (LAE 011)

- A CLARB Certificate is required in order to obtain a reciprocal license in Ohio. There are no exceptions.
- Contact CLARB and request transmittal of your CLARB Certificate to this Board.
- Include proof of a current license to practice landscape architecture in another state.
- Include check or money order in the amount of \$250.00, US dollars only, payable to: "Treasurer, State of Ohio".
- Mail the notarized application to: Ohio Board of Landscape Architect Examiners, 77 S. High St., 16th Fl., Columbus, OH 43215-6108.
- Incomplete applications will be returned. Keep a copy for your files.
- Complete applications (including receipt of the CLARB Certificate) are approved within two to three working days.
- Wall certificates will be mailed after signing by the Board members at their next meeting.
- Ohio has a Mandatory Continuing Education requirement of 24 contact hours every two years.

For questions or assistance, contact:

Jodi Ross

Phone: (614) 466-2316

Email: jodi.ross@arla.state.oh.us

Fax: (614) 644-9048

FIRM REGISTRATION REQUIRED

Ohio Revised Code § 4703.331 requires all firms, partnerships, associations, ESOPs, limited liability companies and corporations to obtain a firm Certificate of Authorization **prior** to providing landscape architecture services in Ohio. See "Firm Registration" at <http://arc.ohio.gov/lae/firmreg.stm> for further information. In addition, all firms must first register to do business in the state of Ohio with the Ohio Secretary of State at <http://www.sos.state.oh.us/SOS/businessServices.aspx> or by phone at (614) 466-3910 or Toll Free at (877) 767-3453



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Application for Registration to Practice Landscape Architecture by Reciprocity (LAE011)

Name		Email (required)	
Social Security No. (required)		Birth Date (month/day/year)	
Send all correspondence to: <input type="checkbox"/> Home <input type="checkbox"/> Firm			
Residence address		Firm Name	
Street Address		Street Address	
City, State, Zip + 4	County (if Ohio)	City, State, Zip + 4	County (if Ohio)
Phone		Phone	Fax

Answer the following questions:

If answering **YES** to any of questions 1 - 4, please include a signed and dated statement of explanation, including supporting documentation. Documentation should include, but is not limited to, orders issued by any jurisdiction.

1. **Yes** **No** Have you been the subject of disciplinary action by any professional registration board? Disciplinary action includes, but is not limited to, reprimands, fines, probation, suspension, supervised practice, revocation, cease and desist or consent orders, settlement agreements, stipulations, etc.
2. **Yes** **No** Have you been convicted of any crime (other than a minor misdemeanor)?
3. **Yes** **No** Are you registered with the Ohio Civil Child Sexual Abuse Registry under ORC 4799.01?
4. **Yes** **No** Are you aware of the requirements for firm registration set forth in ORC 4703.331?

NAME AS IT SHOULD APPEAR ON THE CERTIFICATE: _____

The undersigned, being duly sworn, deposes and says that he/she is the person who executed this application, that the statements contained herein are true, that he/she has not suppressed any information that might affect this application and that he/she has read and understands this affidavit.

Applicant Signature _____

Subscribed and sworn before me on this _____ day of _____, 20_____

in the County of _____, State of _____.

My commission expires _____.

Notary Seal

Signature of Notary Public

Board use only
Date Approved