

Individual Renewal for July 1, 2017 through June 30, 2019

NAME AND MAILING ADDRESS:

Name: _____

License Number: _____ Preferred Address for Correspondence: Business Residence

Residence Address: _____

City: _____ State: _____ Zip: _____

Residence Phone: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

FELONY/DISCIPLINE INFORMATION (attach documentation of questions answered as "yes"):

Since your last renewal:

1. Have you been convicted of a felony criminal offense? Yes No
2. Are there any felony criminal charges now pending against you? Yes No
3. Have you had disciplinary action of any type or been denied licensure/registration by any state board, including Iowa, or similar licensing body, in any governmental agency or jurisdiction? Yes No
4. Are there any landscape architectural or other professional license investigations/disciplinary actions currently pending against you in any state, including Iowa? Yes No

AFFIDAVIT: With my signature, I hereby affirm/attest that the information provided on this application is true and correct to the best of my knowledge and belief. All education reported has been completed prior to the date of this application.

Signature

Date

STATUS / FEE:

Applications postmarked on or before June 30, 2017:

Active: \$350 Inactive \$100 (See Instructions and sign affidavit below) Retired \$0 (See Instructions and sign affidavit below)

STATUS / FEE:

Applications postmarked on July 1 through July 30, 2017:

Active: \$375 Inactive \$125 (See Instructions and sign affidavit below) Retired \$0 (See Instructions and sign affidavit below)

INACTIVE or RETIRED STATUS AFFIDAVIT: I am renewing to an inactive or retired status. I affirm that I will not engage in any of the practices in Iowa that are listed in Iowa Code section 544B, without first complying with all rules governing reinstatement to active status.

Signature

Date

INCOMPLETE APPLICATIONS WILL BE RETURNED

COPIES OF COURSE COMPLETION CERTIFICATES MUST BE INCLUDED

All classes must be completed between July 1, 2015 and June 30, 2017 (or the date of renewal, whichever is sooner.)

Continuing education Requirements for Active Status:

- Licensed more than 24 months: 24 contact hours must be acquired and shall be in health, safety, and welfare subjects acquired in structural educational activities. The hours earned in self-study activities shall be limited to 6 hours during any renewal period.
- Licensed more than 12 months but less than 24 months from the date of initial licensure, shall be required to report 12 contact hours in health, safety, welfare subjects earned in the preceding 12 months at the first license renewal.
- Licensed less than 12 months from the date of initial licensure shall not be required to report continuing education at the first license renewal.

SUMMARY OF HOURS MUST BE COMPLETED TO PROCESS

PROGRAM TITLE (description)	DATE	SPONSOR / NAME OF INSTRUCTOR	CONTACT HOURS
TOTAL STRUCTURAL EDUCATIONAL HOURS			
MAXIMUM 6 HOURS SELF STUDY (HEALTH, SAFETY AND WELFARE) SUBJECTS			
PROGRAM TITLE (description)	DATE	NAME OF PROVIDER	HOURS
TOTAL SELF STUDY HOURS			
TOTAL OF ALL HOURS REPORTED			

NON-RESIDENTS who have a mandatory continuing education requirement may complete and sign the following affidavit in lieu of completing or attaching a continuing education report:

OUT OF STATE AFFIDAVIT

A person registered to practice landscape architecture in Iowa shall be deemed to have complied with the continuing education requirements of this state during the periods that the person is a **resident** of another state or district which has a continuing education requirement for landscape architecture and meets all requirements of that state or district for practice therein.

I _____, hereby certify that I hold a current landscape architect registration in **my state of residence** which is _____. My **residence** state has a continuing education requirement, and I maintain the required number of hours to sustain an active license in the above mentioned state.

X _____
Signature Date

INSTRUCTIONS

193D—3.2 (544B,17A) Continuing education requirements. In order for professional landscape architects to provide competent, professional services to the public, continuing education shall consist of learning experiences that enhance, expand and keep current the skills, knowledge, and abilities of practicing professionals. Professional landscape architects may pursue learning experiences in technical, nontechnical, regulatory, ethics and business practice areas, provided that the continuing education directly benefits the health, safety, or welfare of the public.

Inactive status: A person registered as inactive may renew the person’s certificate of registration on the biennial schedule described in 193D—2.8(544B,272C,17A). This person shall be exempt from the continuing education requirements and will be charged a reduced renewal fee as provided in 193D—2.10(544B,17A).

Retired status: 2.8(7) Retired status. A person who held a registration as a professional landscape architect, who is retired from the practice of landscape architecture in all states of registration, and who has applied for and has been granted retired status from the board may use the title “professional landscape architect, retired” or “PLA, retired.” If the board determines an applicant is eligible, the retired status would become effective on the first scheduled registration renewal date.

Rule 2.8(1) states: “Certificates of registration expire biennially on June 30. In order to maintain authorization to practice in Iowa, a registrant is required to renew the certificate of registration prior to the expiration date. A registrant who fails to renew by the expiration date is not authorized to practice landscape architecture in Iowa until the certificate is reinstated as provided in rule.”

Please return the form with a check made payable to “State of Iowa” or complete the credit card payment section of the form and mail it to: Iowa Landscape Architectural Examining Board; 200 E. Grand, Suite 350, Des Moines, IA 50309. You may renew online using our secure website in lieu of mailing your renewal form – address is www.plb.iowa.gov. The site operates 24 hours a day, 7 days a week, and requires payment by Discover, MasterCard or Visa.

IDENTIFICATION AND PAYMENT INFORMATION	
REQUIRED FOR PROCESSING THIS PAGE WILL NOT BE ADDED TO FILE OR PART OF PUBLIC RECORD	
___ Check	Payment Amount \$ _____
___ VISA ___ MASTERCARD ___ DISCOVER (Check one)	
Card Number _____ - _____ - _____	Expiration (Month/Year) ____/____
Name of Cardholder _____	
Signature of Cardholder _____	Phone Number (____) ____ - _____ ext _____
Personal or Business E-mail Address: _____	
Date of Birth ____/____/____	
Social Security Number of Licensee: _____ - _____ - _____	
<i>Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), 272J.8(1) and 193 IAC 4.4. The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed bylaw including Iowa Code § 421.18.</i>	