



STATE OF RHODE ISLAND

Board of Examiners of Landscape Architects

1511 Pontiac Avenue, Building 68-2
Cranston, RI 02920
(401) 462-9594 Fax: (401) 462-9532
www.bdp.ri.gov

EXPERIENCE FORM

COMPLETE SECTION 1. PRINT your name and address as they appear on your application form. **SUBMIT A SEPARATE EXPERIENCE FORM FOR EACH ENGAGEMENT.**

Send the form to the Registered Allied Professional who supervised your work. He/she should verify your supervised experience by completing **Section 2** on the bottom of this form and return it to you in a sealed envelope.

SECTION 1: Candidate Information

Gained supervised experience through the firm of:

Full Name _____ SS# _____
Street _____
City _____ State _____ Zip _____

Firm Name _____
Street _____
City _____ State _____ Zip _____

→ **FULL-TIME** - Hours worked in excess of 35 hours per week shall not be calculated into the total time required.

From: _____ To: _____ **TOTAL WEEKS:** _____ x 35 hrs. = _____ **HOURS**
Mo./Day/Yr. Mo./Day/Yr.

Percentage of time in the following categories of landscape architectural work: Drafting ____ Design ____
Wrkng Drawings ____ Project Mngt ____ Construction Mngt ____ Teaching ____ Research ____ Other ____

→ **PART-TIME** - (Minimum of 10 hrs. per week) Experience gained on a part-time basis under 10 hours per week or over 35 hours per week shall not be calculated into the total time required.

From: _____ To: _____ **AVG. HRS. WORKED/WEEK:** _____ x **TOTAL WKS.** = _____ **HOURS**
Mo./Day/Yr. Mo./Day/Yr.

Percentage of time in the following categories of landscape architectural work: Drafting ____ Design ____
Wrkng Drawings ____ Project Mngt ____ Construction Mngt ____ Teaching ____ Research ____ Other ____

SECTION 2: VERIFICATION OF SUPERVISOR FOR LANDSCAPE ARCHITECT

Circle

- | | | | |
|----|--|-----|----|
| 1. | The dates of supervised experience shown are correct. | Yes | No |
| 2. | The type or work and hours worked by the applicant are correct. | Yes | No |
| 3. | The applicant worked under my direct supervision for the period of time shown. | Yes | No |

If "no" please clarify in space provided. _____

Print Name Signature Date

State of Registration License Number Profession Stamp or Seal

Thank you for your cooperation in supplying the information requested. Please send this form directly to the [applicant in a sealed envelope.](#)