

Instructions for Late Renewal or Reinstatement of Registration to Practice Landscape Architecture

- This application is for late renewals or reinstatement of lapsed licenses.
- When approved, your license will be valid through 12/31/2016.
- Incomplete applications will be returned. Keep a copy for your files.
- **Include proof of completion of 24 hours of continuing education activities** within the past two years. Visit <http://www.arc.ohio.gov/continuingeducation.aspx> for requirements.
- You must include a statement describing your Landscape Architecture activities since your registration expired.
- If the licensee's base state is not Ohio, proof of current registration in the base state or current state of residence is required.
- Determine correct fee below, and include a check or money order, *U.S. dollars only*, payable to "**Treasurer, State of Ohio**", and mail to the Ohio Board of Landscape Architect Examiners, 77 S. High St., 16th Fl. Columbus, Ohio 43215-6108:
 - Licenses with 10/31/2013 expiration: \$156.25
 - Licenses with 2011 expiration: \$312.50
 - Licenses with 2009 expiration: \$468.75
 - Maximum reinstatement fee: \$500.00

For questions or assistance, contact:
Stephanie Happ, Certification/Licensure Examiner
Phone: (614) 466-2316
Email: stephanie.happ@arc.ohio.gov

FIRM REGISTRATION REQUIRED

Ohio Revised Code § 4703.331 requires all firms, partnerships, associations, 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://www.arc.ohio.gov/firmregistration.aspx> for further information. In addition, all firms must register to do business in the state of Ohio with the Ohio Secretary of State at <http://www.sos.state.oh.us/SOS/Businesses.aspx>

Application for Late Renewal or Reinstatement of Registration to Practice Landscape Architecture

Name		Birth Date (month/day/year)	
Ohio License #		Year Ohio License Expired	
Mailing Address Circle one: Firm Home		Firm Name (if using for mailing address)	
Street		Mobile Phone	Fax
City, State, Zip Code		Email (required)	

ANSWER THESE QUESTIONS: If “Yes” to any of question numbers 1 – 3, submit a statement of facts for each question on a separate sheet of paper.

- 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. *Include copies of any final orders or settlement agreements, etc.*
- Yes No** Have you been convicted of any felony or a crime involving moral turpitude, in any jurisdiction? *If yes, include detailed information.*
- Yes No** Are you registered with the Ohio Civil Child Sexual Abuse Registry under ORC 4799.01?
- Yes No** Are you aware of the requirements for firm registration set forth in ORC 4703.18 (H-L)?
- Yes No** Have you read the most recent version of Chapter 4703 of both the Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC)? Obtain online at <http://www.arc.ohio.gov/LawsandRules.aspx> .Download and print a copy for your records.

I, the undersigned, hereby certify that the above information is true. I am aware that misrepresentation on this application may result in disciplinary action in accordance with Chapter 4703 of the Revised Code.

Signature of Licensee _____ Date _____

Board Use Only	Date Received	Check #
CE Reviewed	Disciplinary Database	Director Approved