



**NEVADA STATE BOARD OF LANDSCAPE
ARCHITECTURE
POSTGRADUATE WORK VERIFICATION**

APPLICANT'S NAME: _____

1. Have you employed the above named applicant? Yes No
 If yes, give dates: _____
 Company: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____ Fax: _____
 Applicant's Position: _____
 Your Position: _____

2. Indicate types of services rendered by firm:
 Landscaping Architecture Contracting Architecture Planning
 Engineering Other (Explain) _____

3. Position of immediate supervisor: Registered Landscape Architect
 Registered Contractor Registered Architect Registered Planner
 Registered Engineer Other (Explain) _____

4.

Dates of Employment	Full or Part Time	Applicant's Position	Indicate primary areas in which applicant spent time practicing Landscape Architecture

5. Please indicate, to the best of your knowledge, the applicant's qualifications toward the practice of Landscape Architecture by placing an X in the appropriate spaces below.

Phase/Activity	Excellent	Satisfactory	Marginal	Unsatisfactory	Unknown
Technical Competence					
Professional Integrity					
Character (honesty/ethics)					

6. Do you consider the applicant qualified to become a professional practitioner?
 Yes No Not qualified to answer

7. Please provide by attachment any additional information or comments you feel would benefit the Board in determining the applicant's qualifications for registration. Please keep in mind it is the intent of registration to insure the safeguarding of public health, safety and welfare and it is the Board's responsibility to grant registration only to those who are qualified for the profession on the basis of quality of work, character and practical experience in Landscape Architecture. As one of the applicant's confirmation of work experience, it is expected that you are familiar with the professional work and have knowledge or his/her ability, character and reputation.

7. Your Name: _____ Licensed Professional? Yes No
 Profession: _____
 License #/State: _____
 Signature: _____
 (Pursuant to NAC623A.120 place state stamp over signature)

Date: _____