LANDSCAPE ARCHITECT
CONTINUING EDUCATION CERTIFICATION FORM
For License Year Feb. 1, ________ thru Jan. 31, ________

I hereby certify that I have met the continuing education requirements for license renewal for Landscape Architects through the activities listed below. I understand that if I am selected for an audit by the Horticulture Commission, I will be required to submit documented proof of having obtained the continuing education credits for the year being audited. I further understand that failure to comply with these requirements or providing false statements regarding these requirements could be considered a violation of the Commission’s rules.

**Activity Log**

Documentation will be required if selected for audit. Minimum of eight hours required.

<table>
<thead>
<tr>
<th>Date (MM/DD/YY)</th>
<th>Sponsor/Provider (Location - City and State)</th>
<th>Title/ Description of Activity</th>
<th>Number of Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continuing Education Units carried over from previous year (4 hours maximum):

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date: ______________ Name: ___________________________________________________________________ Signature: ________________________________

Daytime Phone Number: __________________________ License Number (as shown on renewal application) __________

All records that document proof of having obtained the required continuing education credits must be maintained for a period of three years following the year of completion. **Please submit this form with your license renewal application.** This form may be duplicated as needed.
Landscape Architecture Continuing Education Documentation Form
For License Year Feb. 1, _______ thru Jan. 31, _______

COURSE or ACTIVITY TOPIC

COURSE or ACTIVITY PROVIDER

COURSE or ACTIVITY DATE

COURSE or ACTIVITY LOCATION

NUMBER OF CONTACT CREDIT HOURS

__________________________

Please Print Name of Licensed Landscape Architect

__________________________

Signature of Licensed Landscape Architect

__________________________

Signature of Course or Activity Provider Representative

Please complete all information above that apply. This form should be maintained as part of your file records to aid in documentation of continuing education credits. If audited, this form should be provided with any other documentation that you may have.