



State of Alabama
Board of Examiners of Landscape Architects
2777 Zelda Road Montgomery, AL 36106 334-262-1351
LandscapeBoard@alstateboard.com

Application for Renewal — Landscape Architect Registration
Individual

Publicly Advertised Address (Used on our website and for general purposes)

Name: \_\_\_\_\_
Bus. Name: \_\_\_\_\_
Bus. Address: \_\_\_\_\_
Alabama Registration Number: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_ Phone #: \_\_\_\_\_
E-Mail Address: \_\_\_\_\_
IS YOUR COMPANY: [ ] Firm [ ] Corporation [ ] Professional Association [ ] Partnership
POSITION IN FIRM: [ ] Individual [ ] Partner [ ] Employee [ ] Stockholder [ ] Officer

[ ] Check if any info in this section is new

Preferred Mailing Address (If different from above)

Address: \_\_\_\_\_
E-Mail Address: \_\_\_\_\_
Phone #: \_\_\_\_\_

[ ] Check if any info in this section is new

INDIVIDUAL RENEWAL FEE \$150.00
LATE PENALTY \$ 50.00
(If received or postmarked after January 31)

For a Certificate of Authorization, please contact our office.

Have you ever been convicted of a crime other than a minor traffic offense? [ ] Yes [ ] No
If yes, please explain on separate sheet.

I certify that I have read the Alabama Landscape Architectural Registration Law that is on the Board website (www.abela.alabama.gov) and I am qualified to practice Landscape Architecture in the State of Alabama. I also certify that I have read the Alabama Landscape Architectural Code of Conduct (that is also on the Board website) and will act in accordance with the requirements outlined in the Code of Conduct. The information contained on this form is true and accurate to the best of my knowledge.

Signature

Completed application and required fee payable to Alabama Board of Examiners of Landscape Architects (or ABELA) must be received or postmarked no later than January 31st in order to insure timely renewal of your license. A late charge of \$50.00 will be added if not received or postmarked by January 31st.

# Continuing Education Credit Form

## Section A

I hereby certify that I qualify for exemption from continuing education under Rule 500-X-2-.14 (10) based on:

New Licensee     Military Service     Foreign Employment     Disability/Illness     Retired     Age 65 or older: Birthday \_\_\_\_\_

The Summary of Credits below is true and correct and states accurately those Professional Development Hours (PDH) which I have earned during the period from January 1, 2020 through December 31, 2020. **(Complete Section B Summary of Credits.)**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ AL Registration No. \_\_\_\_\_

## Section B — Summary of Credits

Sending verification of PDH is NOT required unless you are audited. You are responsible for maintaining those records.

Date(s) of Activities	Sponsoring Organization Name, City & State	Activity Description	Health, Safety & Welfare Hours (HSW)	Non-HSW Hours

Description of Activities	PDH Units	Description of Activities	PDH Units
1. Successfully completing/monitoring college or university sponsored courses. Rule 500-X-2-.14 (6)(a)	Completing-1 Sem. hour: 45 PDH 1 Qtr. hour: 15 PDH Monitoring- 1 Sem. hour: 15 PDH 1 Qtr. hour: 10 PDH	5. Teaching/instructing college or university courses/seminars Rule 500-X-2-.14 (6)(e)	2 times PDH earned in #2, 3 and/or 4
2. Successfully completing courses which are awarded continuing educational units (CEU) Rule 500-X-2-.14 (6)(b)	10 PDH for each CEU	6. Authoring published papers, articles or books Rule 500-X-2-.14 (6)(f)	1 PDH times preparation time (not to exceed 25 PDH)
3. Attending seminars, tutorials, short courses, correspondence courses, televised or videotaped courses Rule 500-X-2-.14 (6)(c)	1 PDH for each contact hr.	7. Making presentations at technical meetings Rule 500-X-2-.14 (6)(g)	2 times PDH earned in 1 through 4
4. Attending in-house programs sponsored by corporations or other organizations Rule 500-X-2-.14 (6)(d)	1 PDH for each contact hr.	8. Attending program presentations at related technical or professional meetings Rule 500-X-2-.14 (6)(h)	1 PDH for each contact hr.
PDH earned October 15, 2019 through December 31, 2019 and not used in fulfillment of 2019 requirements (carryover)		HSW: _____ non-HSW: _____	
Total PDH earned in 2020		HSW: _____ non-HSW: _____	
Total PDH available for credit in 2020 (16 required) (sum of lines 1 and 2)		HSW: _____ non-HSW: _____	
PDH earned October 15, 2020 through December 31, 2020 to be used for 2021 requirements (carryover, not to exceed 16)		HSW: _____ non-HSW: _____	