

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILSC 315 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

VE - LA

APPLICANT INFORMATION:

1. NAME	LAST	FIRST	MIDDLE	DEPARTMENT USE ONLY
2. LAST FOUR DIGITS OF YOUR SSN OR ITIN				

REQUIREMENTS AND INSTRUCTIONS:

Applicant: Complete the top portion of the form then forward to your supervisor/employer to complete the remainder of it.

Supervisor: Complete the remainder of the form and email it directly to the Department at the address below in order for it to be associated with the application for review by the Board.

Email to: FPR.DesignUnit@Illinois.gov

SUPERVISOR INFORMATION:

A. SUPERVISOR NAME	B. EMPLOYER'S NAME (AT TIME OF SUPERVISION)												
C. SUPERVISOR REGISTRATION INFORMATION <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">APPLICABLE STATE(S) OF REGISTRATION</th> <th style="width: 33%;">MO/YR INITIALLY REGISTERED</th> <th style="width: 33%;">REGISTRATION NUMBER</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	APPLICABLE STATE(S) OF REGISTRATION	MO/YR INITIALLY REGISTERED	REGISTRATION NUMBER	_____	_____	_____	_____	_____	_____	_____	_____	_____	D. SUPERVISOR'S WORK ADDRESS (AT TIME OF SUPERVISION) STREET, CITY, STATE, ZIP CODE
	APPLICABLE STATE(S) OF REGISTRATION	MO/YR INITIALLY REGISTERED	REGISTRATION NUMBER										
	_____	_____	_____										
	_____	_____	_____										
_____	_____	_____											
E. SUPERVISOR CONTACT INFORMATION													
Phone (_____) _____													
Email _____													

PART II. - APPLICANT EMPLOYMENT INFORMATION

A. TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	B. DATES OF EMPLOYMENT (Use exact dates not "present.") From ___ / ___ / ___ To ___ / ___ / ___ Month Day Year Month Day Year
C. TOTAL TIME EMPLOYED ___ Years ___ Months	D. INDICATE PERCENT OF TIME ENGAGED IN LANDSCAPE ARCHITECTURE ACTIVITIES _____%

E. CHECK THE APPROPRIATE BOXES REGARDING LANDSCAPE ARCHITECTURE ACTIVITIES IN WHICH THE APPLICANT WAS ENGAGED.

<input type="checkbox"/> providing preliminary studies	<input type="checkbox"/> analyzing and providing for life safety requirements
<input type="checkbox"/> developing design concepts	<input type="checkbox"/> preparing and coordinating technical submissions
<input type="checkbox"/> planning of physical improvements	<input type="checkbox"/> conducting site observation of a landscape architect project
<input type="checkbox"/> establishing form and aesthetic elements	<input type="checkbox"/> other _____

F. DESCRIBE IN DETAIL THE SPECIFIC LANDSCAPE ARCHITECTURE ACTIVITIES PERFORMED BY THE APPLICANT BASED ON THE ACTIVITIES CHECKED IN BOX E OF PART II ON THE REVERSE SIDE OF THIS FORM. **THIS SECTION MUST BE COMPLETED.**

NAME (Last, First, MI):

G. In your opinion, is there any reason why the applicant should not be registered for the profession of Landscape Architect?

Yes No *Explain:*

SSN OR ITIN:

AFFIDAVITS: Employer complete this section.

I do hereby declare that this applicant was employed by me or worked under my personal supervision for the time period(s) listed and that the information I have reported herein is true and correct to the best of my knowledge.

Date

Signature of Supervisor

Profession: