|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C:\Users\leigh\Pictures\seal-bw-72dpi-400pixels.gif |  |  **2025****State of Alabama****Board of Examiners of Landscape Architects** 2777 Zelda Road Montgomery, AL 36106 334-262-1351LandscapeBoard@alstateboard.com |  | **STATE OF ALABAMA****BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS**2777 Zelda Road • MONTGOMERY, ALABAMA 36106 • (334) 262-1351 Iandscapeboard@alstateboard.com | **2017** |

**Application for Renewal — Landscape Architect Registration**

Individual

**Publicly Advertised Address** (Used on our website and for general purposes) \*Printed information must be legible.

Name:

* Check if any info in this

section is new

 Bus. Name:

 Bus. Address:

 Alabama Registration Number: \_\_\_\_\_\_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address:

 IS YOUR COMPANY: 🞎 Firm 🞏 Corporation 🞏 Professional Association 🞏 Partnership

POSITION IN FIRM: 🞏 Individual 🞏 Partner 🞏 Employee 🞏 Stockholder 🞏 Officer

**Preferred Mailing Address** (If different from above)

Address: 🞏 Check if any info in this section is new

E-Mail Address: Phone #:

|  |  |  |  |
| --- | --- | --- | --- |
| **INDIVIDUAL RENEWAL FEE****LATE PENALTY**(If received or postmarked after January 31) | **$150.00****$ 50.00** |  |  |
| Have you ever been convicted of a crime other than a minor traffic offense? If yes, please explain on separate sheet. |  | * Yes 🞏 No
 |  |

I certify that I have read the Alabama Landscape Architectural Registration Law and Code of Conduct that is on the Board’s website ([www.abela.alabama.gov](http://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’s 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.*

 \*Printed information must be legible

 **Continuing Education Credit Form – printed information must be legible.**

 **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, 2024 through December 31, 2024. **(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 oruniversity sponsored courses.Rule 500-X-2-.14 (6)(a) | Completing-1 Sem. hour: 45 PDH1 Qtr. hour: 15 PDHMonitoring- 1 Sem. hour: 15 PDH1 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 areawarded continuing educational units (CEU)Rule 500-X-2-.14 (6)(b) | 10 PDH for each CEU | 6. Authoring published papers, articles or booksRule 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 meetingsRule 500-X-2-.14 (6)(g) | 2 times PDH earned in 1 through 4 |
| 4. Attending in-house programs sponsored bycorporations or other organizationsRule 500-X-2-.14 (6)(d) | 1 PDH for each contact hr. | 8. Attending program presentations at related technical or professional meetingsRule 500-X-2-.14 (6)(h) | 1 PDH for each contact hr. |
| HSW: \_\_\_\_\_\_\_\_\_\_\_\_ non-HSW: \_\_\_\_\_\_\_\_\_\_\_HSW: \_\_\_\_\_\_\_\_\_\_\_\_ non-HSW: \_\_\_\_\_\_\_\_\_\_\_HSW: \_\_\_\_\_\_\_\_\_\_\_\_ non-HSW: \_\_\_\_\_\_\_\_\_\_\_HSW: \_\_\_\_\_\_\_\_\_\_\_\_ non-HSW: \_\_\_\_\_\_\_\_\_\_\_Carryover PDH earned October 15, 2023 through December 31, 2023 to be used in fulfillment of 2025 requirements. Total PDH earned in 2024Total PDH available for credit in 2024 (16 required) (sum of lines 1 and 2)Carryover PDH earned October 15, 2024 through December 31, 2024 to be used for the 2026 renewal (Not to exceed 16 hours) |