

EMPLOYER VERIFICATION OF PRACTICAL EXPERIENCE

FULL NAME OF CANDIDATE: _____

FIRM NAME AND ADDRESS: _____

EMAIL: _____

DATE EMPLOYED: From: _____ To _____

EMPLOYMENT TYPE: Full-time: _____ Part-time: _____ Project Based: _____
 (Avg. 40 hr/week) Avg hr/week: _____ Total Project hr: _____

NATURE OF WORK: Landscape Architecture Yes No
 Other (Explain): _____

PLEASE USE AN "X" BELOW WHERE APPROPRIATE

Practice Areas	Skills Evidenced	Involvement		
		None	Minimum	Major
Inventory, Analysis, & Project Development	Technically Competent			
Landscape Architectural Site Design				
Planting Design/Drawings				
Irrigation Design/Drawings				
Grading, Drainage, & Stormwater Management				
Detailed Construction Drawings				
Construction Specification Writing				
Construction Administration				
Project Administration				
Other (Please explain on lines below)				

YOUR NAME, CURRENT FIRM, ADDRESS, EMAIL

Signature below indicates agreement with the information indicated on this form and verifies this individual worked under your direct supervision and responsible charge during the timeframe indicated.

SIGNATURE: _____

DATE: _____

TITLE: _____

LICENSE NUM & STATE: _____