



**STATE OF MISSOURI**

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS  
AND PROFESSIONAL LANDSCAPE ARCHITECTS (APEPLSPLA)

**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR  
REACTIVATION OF A PROFESSIONAL LANDSCAPE ARCHITECT LICENSE**

3605 MISSOURI BLVD., SUITE 380

JEFFERSON CITY, MO 65109

TELEPHONE: 573/751-0047

FAX: 573/751-8046

moapeplspla@pr.mo.gov

<https://pr.mo.gov/apelsla.asp>

**INSTRUCTIONS - PLEASE READ CAREFULLY**

Complete this reactivation application only if your license is currently in an “Inactive” status. If you are in doubt regarding the status of your license, please call the Board office at (573) 751-0047.

**All information requested on this form must be typewritten.**

**The application will not be processed unless all required information is furnished.**

In addition to the required Summary Log, attach copies of documents supporting completion of 24 continuing education units (CEUs) within the preceding two (2) years. At least 16 CEUs shall be related to health, safety, and welfare (HSW) acquired in structured educational activities. Please refer to Continuing Education for Professional Landscape Architects on the Board’s website for information regarding continuing education units. If you have served on full-time active duty in the military during the preceding two (2) calendar years, you may apply for reactivation without completing the CEU requirement for the time period during which you served; however, you must submit a copy of your active duty orders or discharge papers.

This application must be accompanied by a check or money order in the amount of \$100 made payable to the Missouri Board for Professional Landscape Architects. Fees must be drawn on a United States bank. Per Board Rule 20 CSR 2030-6.010 fees are nonrefundable.

A pending application will be retained in the Board office for a period of one year from the date of receipt.



**STATE OF MISSOURI**  
 BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS  
 AND PROFESSIONAL LANDSCAPE ARCHITECTS (APEPLSPLA)

3605 MISSOURI BLVD., SUITE 380  
 JEFFERSON CITY, MO 65109  
 TELEPHONE: 573/751-0047  
 FAX: 573/751-8046  
 moapeplspla@pr.mo.gov  
 https://pr.mo.gov/apelsla.asp

**APPLICATION FOR REACTIVATION OF A PROFESSIONAL  
 LANDSCAPE ARCHITECT LICENSE**

<b>INSTRUCTIONS - PLEASE READ CAREFULLY</b>	<b>FOR APEPLSPLA USE ONLY</b>
<b>ALL INFORMATION REQUESTED ON THIS FORM MUST BE TYPEWRITTEN.</b> <b>REFER TO THE INSTRUCTIONS FOR ASSISTANCE IN COMPLETING THE APPLICATION.</b> <b>ATTACH APPLICATION FILING FEE OF \$100 IN THE FORM OF A CHECK OR MONEY ORDER DRAWN ON A UNITED STATES BANK.</b>	NUMBER

<b>GENERAL INFORMATION</b>	
NAME	LICENSE NUMBER
COMPANY NAME OR STREET ADDRESS	TELEPHONE NUMBER
STREET ADDRESS	E-MAIL ADDRESS - REQUIRED
CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER - REQUIRED

TO: MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS,  
 PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS  
 3605 MISSOURI BLVD., SUITE 380  
 JEFFERSON CITY, MO 65109

I hereby respectfully apply for reactivation of my license as a professional landscape architect. I hereby certify that I have completed the CEU requirements as described in Statute 327.622 RSMo. (Documentation verifying completion of required CEUs must be submitted with this reactivation application.)

<b>RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON LICENSEE</b>		
	<b>YES</b>	<b>NO</b>
Have you been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of this or any other state or of the United States whether or not sentence was imposed including suspended imposition of sentence, suspended execution of sentence and misdemeanor charges that you have not previously disclosed to this Board? <b>If "YES", please attach a copy of the charges, findings and order to this application.</b>	<input type="checkbox"/>	<input type="checkbox"/>
In any other licensing jurisdiction, have you been the subject of disciplinary action, or entered into any type of settlement agreement, providing for any limitation on your ability to practice, or monetary penalty or payment of costs that you have not previously disclosed to this Board? <b>If "YES", please attach a copy of the charges, findings, and order to this application.</b>	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to Section 324.010 RSMo:

**CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

*False statements are subject to criminal penalties and/or license discipline.*

*If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).*

SIGNATURE	DATE
-----------	------

<b>PURSUANT TO SECTION 42.051, RSMo</b>	<b>YES</b>	<b>NO</b>
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, would you like to receive information and assistance regarding veterans benefits and services?	<input type="checkbox"/>	<input type="checkbox"/>
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? General information may also be found at the Missouri Veterans Commission's website.	<input type="checkbox"/>	<input type="checkbox"/>



**STATE OF MISSOURI**

MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS  
AND PROFESSIONAL LANDSCAPE ARCHITECTS (APEPLSPLA)

**SUMMARY LOG OF CONTINUING EDUCATION UNITS (CEUs) - PROFESSIONAL LANDSCAPE ARCHITECT  
REACTIVATION**

<b>NAME</b>	<b>LICENSE NUMBER</b> PLA-	<b>FOR THE PERIOD</b> JANUARY 1, _____ THROUGH DECEMBER 31, _____
-------------	-------------------------------	--

Missouri law requires that each Professional Landscape Architect licensed in the State of Missouri must meet continuing education requirements as a condition for license renewal. Each licensee must complete **PARTS I and II** of the form, furnishing the details of CEUs earned; and must certify by providing a signature and date in **PART III**. This form is to be retained as part of your records for a period of four years. **A copy of this completed form and copies of all other documentation supporting your professional development hours must be submitted to the APEPLSPLA Board.**

**PART I - DETAILED LIST OF CEU ACTIVITIES**

DATE OF ACTIVITY (CHRONOLOGICAL)	SPONSORING ORGANIZATION'S NAME AND LOCATION (CITY, JURISDICTION)	ACTIVITY (TITLE, DESCRIPTION, PRESENTER'S NAME)	CEUs EARNED <small>(Minimum 24)</small>	HSW <small>(Minimum 16)</small>

<b>NAME</b>	<b>LICENSE NUMBER</b>	<b>FOR THE PERIOD</b>
	PLA-	JANUARY 1, _____ THROUGH DECEMBER 31, _____

**PART I - DETAILED LIST OF CEU ACTIVITIES (CONTINUED)**

<b>DATE OF ACTIVITY (CHRONOLOGICAL)</b>	<b>SPONSORING ORGANIZATION'S NAME AND LOCATION (CITY, JURISDICTION)</b>	<b>ACTIVITY (TITLE, DESCRIPTION, PRESENTER'S NAME)</b>	<b>CEUs EARNED (Minimum 24)</b>	<b>HSW (Minimum 16)</b>
<b>NUMBER OF CEUs EARNED THIS REPORTING PERIOD ▶</b>				

**PART II - SUMMARY OF CEUs**

	<b>CEUs EARNED</b>
<b>(a)</b> CEUs earned during this reporting period .....	
<b>(b)</b> Total CEUs to be carried forward to the next renewal period - Subtract 24 from Line (a) ..... <b>(No more than 12 CEUs may be carried forward.)</b>	
<b>(c)</b> CEUs carried forward from prior reporting period <b>(Maximum 12)</b> ..... (If used, include complete Reporting Form and submit supporting documentation from prior period). Enter number manually in the column to the right.	
<b>(d)</b> Total CEUs – Add Lines (a) and (c) <b>(Minimum 24)</b> .....	

**PART III - CERTIFICATION**

I hereby certify the detailed list and summary of CEUs provided are correct and that I have earned the CEUs stated.  
I further certify that carry-over CEUs were earned in the prior reporting period **ONLY**.

**SIGNATURE** **DATE**