

STATE REGISTRATION BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS AND GEOLOGISTS

Mailing Address:

Engineer Board
P.O. Box 2649
Harrisburg, PA 17105-2649

Tel: 717.783.7049 Fax: 717.705.5540
E-Mail: st-engineer@state.pa.us
Website: www.dos.state.pa.us/eng

Courier Address:

Engineer Board
2601 North Third Street
Harrisburg, PA 17110

PROFESSIONAL GEOLOGIST EXAMINATION

Follow Instructions Below and Submit All Required Documents

Applicant Checklist:

In order to apply for the Professional Geologist examination, there is one (1) application and fee to be submitted directly to the Board office and one (1) scheduling form application and examination fees to be submitted to the testing service.

1. **Application** must be typed OR printed in blue or black ink.
2. DO NOT COMPLETE THIS APPLICATION IF YOU ARE ALREADY LICENSED TO PRACTICE GEOLOGY IN ANOTHER STATE AND HAVE PASSED BOTH SECTIONS OF THE ASBOG EXAMINATION. CALL THE BOARD OFFICE AT THE ABOVE NUMBER OR E-MAIL THE BOARD OFFICE TO REQUEST AN "APPLICATION FOR RECIPROCITY".
3. **Complete pages 1 - 4** of application along with the amplified record.
4. **Education** information indicated on Page 2, Section 4 must be verified with an *original transcript* from your school showing completion of all geology related degrees and courses and the date your degree was conferred. If you have both an undergraduate and graduate degree, an *original transcript* must be submitted for both. The college/university **must mail** the *transcript* directly to the Board office.
- Foreign Graduates:** If you are a graduate from a school outside the United States, your educational credentials must be evaluated to determine the equivalency of your degree to a degree from an accredited U.S. school. A course-by-course evaluation must be submitted directly to the Board office. Contact: World Education Services, P. O. Box 745, Old Chelsea Station, New York, NY 10011, OR Educational Credential Evaluators, P. O. Box 92970, Milwaukee, WI 53202 OR any professional evaluation service.
- All Graduates:** If your school did NOT at the time you graduated, grant semester or quarter hours in geological science courses leading to a major in geology, your school must provide you a letter confirming same. The school must submit this letter directly to the Board office.
5. **Amplified Record of Experience** must be completed as per instructions on form. The original completed amplified record must be included with your application when submitted to the Board. A COPY of your completed amplified record form must be attached to your Reference Form and given to each of three persons being furnished as a reference. DO NOT LIST PRE-GRADUATION EXPERIENCE. DO NOT LIST ANTICIPATED EXPERIENCE. (The required amount of experience must have been completed prior to the application deadline.)
6. **References** must be listed on Page 2, Section 5.
- References should have personal knowledge of your experience and collectively be able to attest to the entire amount of required experience. An applicant is encouraged to use an immediate supervisor as a reference. References listed must NOT be related to applicants.
 - A copy of your completed amplified record must be attached to a "Reference Information" form for dissemination to and completed by each of the three persons furnished as a reference.
 - Must provide three (3)-licensed geologists as references who are able to evaluate the applicant's training or experience. In the case of work performed prior to February 16, 1993, a similarly qualified geologist who was not licensed (with the proper biography) may be submitted. The resume of any unlicensed reference must be attached to the "Reference Information" form when forwarded to the Board office.
 - Each reference must complete form and forward directly to the Board office. (Copy of amplified record is NOT to be returned.)

**PENNSYLVANIA STATE REGISTRATION BOARD FOR
PROFESSIONAL ENGINEERS, LAND SURVEYORS AND GEOLOGISTS**

<input type="checkbox"/>	7. In completing Section 8, Criminal and Disciplinary Information and you answer "YES" to any question, you must attach a full explanation on an 8-1/2" x 11" sheet of paper <u>and</u> submit a certified copy of all relevant court and/or legal documents. NOTE: Answering "YES" to any of the questions will not result in the automatic denial of your application.
<input type="checkbox"/>	8. Social Security Act Certification: Sign and date SS Certification (Section 9) on page 3 of the application.
<input type="checkbox"/>	9. Sign and date the Certification Statement (Section 11) on page 4 of application.
<input type="checkbox"/>	10. Maintain for your records a copy of your completed application prior to submission.
<input type="checkbox"/>	11. Forward application, Amplified Record of Experience Form and fee of \$50.00 made payable to "Commonwealth of Pennsylvania" to address indicated on the previous instruction page. NOTE: Mail application "Certified-Return Receipt" to be assured it reached its intended destination. The Board staff tries to notify candidates within 4-6 weeks of the application deadline date if there is a problem with the application and within an additional 4 weeks if you've been approved to sit for the examination. It is the responsibility of the applicant to stay in touch with references, colleges/universities, to insure that the appropriate paperwork is being forwarded to the Board office by the application deadline date.
<input type="checkbox"/>	12. Form PA11 (Examination Scheduling Form) must be completed and forwarded to Professional Credential Services (PCS) with the appropriate examination fee. If you did not receive a FORM PA11, contact PCS at 1-877-887-9727 for a scheduling form OR go directly to: www.pcshq.com

APPLICATION DEADLINES

The Board application, supporting documents and Form PA11 (Exam Scheduling Form) must be submitted by the application deadline. Applications must be POSTMARKED by the deadline indicated below:

November 15 for March Exams

June 15 for October Exams

A postmark is defined as the official mark that the United States Postal Service routinely uses to cancel your postage stamp. Postage meter dates from businesses are not considered a postmark. Courier service packages must clearly indicate the date sent.

FUTURE EXAMINATION DATES

October 5, 2012
March 1, 2013
October 4, 2013
March 7, 2014

**PENNSYLVANIA STATE REGISTRATION BOARD FOR
PROFESSIONAL ENGINEERS, LAND SURVEYORS AND GEOLOGISTS**

REGISTRATION REQUIREMENTS:

An applicant for licensure as a professional geologist shall be of good moral character, meet the following education and experience requirements and pass an examination adopted by the Board.

(1) Graduation from an accredited institution with a major in geology, geophysics, geochemistry or engineering geology, with a minimum of 30 semester or 45 quarter hours in geology, geophysics, geochemistry, engineering geology or their subdivisions; OR completion of 30 semester or 45 quarter hours or an equivalent amount of geological education from institutions which do not grant semester or quarter hours in geological science courses leading to a major in geology, of which at least 24 semester hours or an equivalent amount are in third or fourth year undergraduate courses or graduate courses.

(2) Completion of at least 5 years of professional geological work, which shall include either a minimum of 3 years of professional geological work under the supervision of a licensed professional geologist or a minimum of 5 years in a responsible position in professional geological work. Professional geological work performed prior to February 16, 1993 will be considered if it was performed under the supervision of either a licensed professional geologist or a qualified geologist who was not licensed.

NOTE: "Professional geological work" is defined as the performance of geological service of work, including technical completeness reviews or inspections of unfinalized work product, that requires utilization, application and interpretation of fundamental and practical principles of the geological sciences in the practice of geology. The term does not include routine sampling, laboratory work or geological drafting.

Acceptable experience does NOT include work as a graduate teaching/research assistant or employment as a professor.

Graduate study (in proper field) MAY be credited as professional geological work at one year for a Master's Degree and 1 year for a Doctor's Degree, not exceeding two years. Experience credit is not given if no graduate degree has been received or if the graduate degree is not preceded by a bachelor's degree with a "major" as described in #1 above.

(3) Successful completion of the ASBOG examination (see below).

ASBOG EXAMINATION INFORMATION

The written examination given by the Pennsylvania Board is developed by the National Association of State Boards of Geology (ASBOG) and consists of two 4-hour sections; a Fundamentals of Geology (FG) exam and a Principles and Practice of Geology (PG) exam. Both examinations are "closed-book" and are administered on a single day during the spring and fall of each year. For each exam, the score is determined using a criterion-referenced approach. Passing scores are adjusted (scaled) based on the average difficulty level on each exam. Passing scores always reflect minimum competency. For each exam, a **scaled** score of 70 is the minimum passing score.

For additional information on the examination, please access the following web site:

www.asbog.org

PENNSYLVANIA ♦ EXAMINATION ♦ APPLICATION

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Courier Address: Engineer Board 2601 North Third Street Harrisburg, PA 17110

APPLICATION FOR EXAMINATION

PROFESSIONAL GEOLOGIST

Follow Attached Instructions and Submit All Required Documents

Section 1 Applicant Information. (Must be typed or completed in blue or black ink.)

Show name as you wish it to appear on license and wall certificate:

Form with fields for: a) Last Name, b) First Name, c) Middle, d) Social Security #, e) Date of Birth, f) Street Address, g) City, State, Zip, h) Daytime Phone #, Extension, i) Internet E-Mail Address, j) Would you like us to communicate with you regarding this application via e-mail?, k) Maiden Name (If applicable).

Section 2 Board Application Fee - \$50.00

Submit check or money order in the amount of \$50.00 payable to the "Commonwealth of Pennsylvania". Fees are non-transferable and non-refundable.

NOTE: A \$20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment

Section 3 Examination Information

I am applying for the following examination(s): [] Fundamentals Of Geology [] Principles & Practice of Geology [] Spring Exam (Yr) [] Fall Exam (Yr)

Name of Applicant (Print):

Section 4 Education (If additional space is required, submit on a 8 1/2" x 11" sheet of paper)			
College, University or Professional School and Address	Dates Attended	Major Course of Study and Degree Awarded	Graduation Date
1.			
2.			
3.			
4.			

Section 5 References (See "Reference Information" on Instruction Page)			
List three references - Name, State, Professional License Number and Telephone number			
Name	State In Which Licensed	License #	Telephone #
1.			
2.			
3.			

Section 6 Applications previously submitted to this Board.					
Engineer-In- Training <input type="checkbox"/>	Professional Engineer <input type="checkbox"/>	Surveyor-In- Training <input type="checkbox"/>	Professional Land Surveyor <input type="checkbox"/>	Professional Geologist <input type="checkbox"/>	None <input type="checkbox"/>

Section 7	Do You	<u>Read</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<u>Write</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<u>and Speak</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	the English Language?

Name of Applicant (Print):

Section 8

Criminal and Disciplinary Information

The following **must** be answered. If any of the answers is "YES", attach a full explanation on an 8-1/2" x 11" sheet of paper **and** submit a certified copy of all relevant court and/or legal documents. Answering "YES" to any of the following questions will not result in the automatic denial of your application.

YES

NO

A. Have you ever been convicted of, or pleaded guilty or nolo contendere to, a felony or misdemeanor (other than minor traffic offenses) in Pennsylvania or any other state?

B. Are there felony or misdemeanor charges (other than for minor traffic offenses) now pending against you in Pennsylvania or any other state?

C. Have you had disciplinary action instituted or taken against your license in any state or jurisdiction?

Check here if action was taken in PA –
 Certified copies NOT required.

D. Have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state or jurisdiction?

Section 9

Social Security Act Certification

This licensing board is obligated to inform each applicant or licensee from whom it requests a Social Security number on any application or form that disclosing such number is mandatory in order for this licensing board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), this licensing board must provide DPW information prescribed by DPW about the licensee, including the Social Security number.

In the event that this licensing Board takes disciplinary action against an applicant or licensee, this board may disclose their Social Security number if applicant or licensee voluntarily agrees to the disclosure of this information to the appropriate professional association. This organization compiles information about individual applicants and licensees and transmits that information to other licensing boards in order to coordinate licensure and disciplinary activities between the individual states. If you do not voluntarily provide your Social Security number for this purpose, information about you will still be transmitted to this organization should this licensing board discipline you, but that information will not include your Social Security number.

I certify that I have read the above statement, understand the full intent and I do give this licensing board permission to report my Social Security number to the appropriate professional association or licensing board.

Signature of Applicant:

Date:

Name of Applicant (Print):

Section 10 Code of Ethics

I hereby subscribe to and agree to abide by the following Code of Ethics: (your signature below indicates affirmation of this code).

It shall be considered unprofessional and inconsistent with honorable and dignified bearing for any professional engineer, professional land surveyor or professional geologist:

1. To act for his client or employer in professional matters otherwise than as a faithful agent or trustee, or to accept any remuneration other than his stated recompense for services rendered.
2. To attempt to injure falsely or maliciously, directly or indirectly, the professional reputation, prospects or business of anyone.
3. To attempt to supplant another engineer, land surveyor, or geologist after definite steps have been taken toward his employment.
4. To compete with another engineer, land surveyor or geologist for employment by the use of unethical practices.
5. To review the work of another engineer, land surveyor or geologist for the same client, except with the knowledge of such engineer, land surveyor or geologist, or unless the connection of such engineer, land surveyor or geologist with the work has terminated.
6. To attempt to obtain or render technical services or assistance without fair and just compensation commensurate with the services rendered: Provided, however, the donation of such services to a civic, charitable, religious or eleemosynary organization shall not be deemed a violation.
7. To advertise in self-laudatory language, or in any other manner, derogatory to the dignity of the profession.
8. To attempt to practice in any field of engineering, land surveying or geology in which the registrant is not proficient.
9. To use or permit the use of his professional seal on work over which he was not in responsible charge.
10. To aid or abet any person in the practice of engineering, land surveying or geology not in accordance with the provisions of this act or prior laws.

Section 11 Certification Statement

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

Signature of Applicant:

Date:

AMPLIFIED RECORD OF GEOLOGY EXPERIENCE

Please type or print in blue or black ink. (Duplicate this blank page to provide sufficient extra pages to adequately document your experience. **Only** information presented on this form will be considered.)

Employment Number (1,2,3, etc.)	List Name of Supervising Registered Geologist	<u>Dates of Employment</u>		PREPARATION INSTRUCTIONS			Time Employed			
		From Mo/Yr	To Mo/Yr	1. All applicants must show at least 5 years of professional geological work. 2. List employers in chronological order with the oldest shown as No. 1. Use a separate page for each employer. 3. For each employer, describe in <u>detail</u> the work you performed. Applications with insufficient information will be disapproved. 4. With your general experience narrative, you may include a description of your major projects and your duties/responsibilities for each. 5. DO NOT LIST PRE-GRADUATION EXPERIENCE. DO NOT LIST ANTICIPATED EXPERIENCE. (The required amount of experience must have been completed prior to the application deadline.) 6. EACH page of record must include PRINTED NAME and DATE.			Years	Months		
				Title of Position	Name of Applicant's Supervisor					
				Name and Address of Employer:						
				Name of reference for this period of employment:						
Experience Narrative:										
PRINT NAME OF APPLICANT:				SIGNATURE (Last Page Only):			DATE:	TOTAL EXPERIENCE WITH WHICH YOU ARE APPLYING (Total on Final Page ONLY) →	Years	Months

REFERENCE INFORMATION FORM

A. Applicant Check List:

- 1. Please note all requirements on instruction page of application. Applicants for the **PE exam** must have 3 PE's as references; the other 2 references may be similarly qualified (must attach a resume to completed reference form); OR registered land surveyors or geologists who can verify engineering experience. Applicants for the **surveying exam** must have at least 3 licensed surveyors as references; the other 2 may be professional engineers. Geologist applicants must provide references from 3 licensed geologists (Exception: See #4 under Section B).

Applicants applying for the FE or FLS examination based on experience would follow the same reference guidelines listed above for the relevant profession.
- 2. Fill in your name and address (Top of Page 2) and that of the reference.
- 3. Check (✓) the appropriate category (Top of Page 2) in which you are seeking registration/certification.
- 4. Applicant **MUST NOT** be related to any reference. References should have personal knowledge of your experience and collectively be able to attest to the entire amount of required experience.
- 5. Attach a copy of your completed AMPLIFIED RECORD to each Reference Form provided to your references.
- 6. The completed Reference Information Form **MUST** be returned directly to the appropriate office directly **from the reference**. Copy of amplified record should not be returned.
- 7. Reference Information Forms submitted by the applicant with the application will be **REJECTED**.

B. Reference Check List:

The applicant is required to furnish evidence of qualification for registration for the category checked below. You are asked to attest to the applicant's character, ability, reputation and professional skills and attainments. Be assured that the Board will hold all information strictly confidential.

- 1. Please answer questions on Page 2 of this application.
- 2. Sign and date at the bottom of Page 2.
- 3. **DO NOT RETURN THE AMPLIFIED RECORD.**
- 4. **References** without a professional license (Eng/Surv) must attach a copy of their resume to this form before mailing. **For Geologists:** If verifying a candidate's work performed prior to February 16, 1993, a similarly qualified geologist who was not licensed (with the proper biography) may be submitted.
- 5. Return completed Reference Information Form as instructed below to the appropriate location:

For PE/EIT Applicants: Mail directly to ↓

Engineering Examination Services (EES)
P.O. Box 198689
Nashville, TN 37219-8689

For All OTHER Applicants: Mail directly to ↓

Engineer Board
P. O. Box 2649
Harrisburg, PA 17105-2649

REFERENCE INFORMATION FORM
 (To be completed by Reference and due by deadline dates of
 (June 15 or November 15))

Applicant's Name:	Applying for: EIT PE SIT PLS PG (Circle One)
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Address:	City:	State:	Zip:
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THE FOLLOWING TO BE COMPLETED BY REFERENCE:
 Must be typed or completed in blue or black ink

1. Name of Reference:	LAST	FIRST	MI
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1a. Reference Address:	
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2. Business Phone (8 AM - 5 PM) :		-		-		Ext.:	
------------------------------------------	--	---	--	---	--	-------	--

3. Internet E-Mail Address:	
------------------------------------	--

4. What is your present business or profession:	
--------------------------------------------------------	--

5. If in individual practice, please indicate nature of such practice.	
-------------------------------------------------------------------------------	--

6. Are you a Licensed <input type="checkbox"/> Engineer <input type="checkbox"/> Surveyor <input type="checkbox"/> Geologist? <input type="checkbox"/> None	License # <input style="width:90%;" type="text"/>
If "none", see B-4 on page 1.	State: <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Exp. Date <input style="width:60px;" type="text"/>

7. How long have you known the applicant?	From	to		inclusive.
--------------------------------------------------	-------------	-----------	--	-------------------

8. What has been your business connection with applicant?	
------------------------------------------------------------------	--

9. Are you in any way related to applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------------------------------------------	------------------------------	-----------------------------

10. Do you know of anything reflecting adversely on the integrity or general good character of the applicant?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If "Yes", please explain:	

11. Does the applicant read, write, and speak the English language intelligently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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12. Briefly describe the applicant's qualifications:	

13. Is applicant's experience of a grade or character to allow applicant to assume responsible charge of the work involved in the practice of the profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please explain:	

14. Which employment numbers/engagement numbers/time periods shown on the applicant's amplified record of experience can you verify?	
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15. Do you recommend the applicant for registration as requested in application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please explain:	

The undersigned certifies to the accuracy of the above statements.	
Signature: <input style="width:95%;" type="text"/>	Date: <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
	MO DAY YR

PENNSYLVANIA

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INSTRUCTIONS

It is the responsibility of the applicant to request the necessary verification(s). After completion, this form must be sent directly to the PA Board.

- Applicants for Reciprocity OR Temporary Permit:**
This form must be completed by the State Board that granted your license by exam. If the 2 parts of the exam were passed in different states, a separate verification must be obtained from each.
- If you have not maintained an active license in your exam state, you must also request verification from the state in which you maintain an active license.**
(You may duplicate this form if necessary.)

THIS PORTION TO BE COMPLETED BY APPLICANT

TO: (State Board Completing Form)

_____ (Name of Applicant)

_____ (Street Address)

_____ (City)

_____ (State)

_____ (Zip)

_____ (Social Security Number)

1. The above named person is registered as:

<input type="checkbox"/>	Geologist in- Training	_____	License #	_____	_____	Date Issued	_____	<input type="checkbox"/>	Professional Geologist	_____	_____	License #	_____	_____	Date Issued	_____
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THIS PORTION TO BE COMPLETED BY STATE BOARD

I. Expiration Date of License: _____ Disciplinary Actions: Yes No
If "Yes", please provide certified copies of action.

II. Minimum Requirements Were:

- | | Name of Exam | # Hrs. | Date | Score |
|-----------------------------|-----------------------------------------------------|--------|-------|-------|
| 1. <input type="checkbox"/> | Written Examination | _____ | _____ | _____ |
| 2. <input type="checkbox"/> | Education: Type of degree and major: _____ | | | |
| | Date of degree: _____ | | | |
| 3. <input type="checkbox"/> | Experience: No. of Years _____ | | | |
| 4. <input type="checkbox"/> | Oral Examination _____ hrs. | | | |
| 5. <input type="checkbox"/> | Comity with: (1) _____ (2) _____ | | | |
| 6. <input type="checkbox"/> | Other: Please provide full details on reverse side. | | | |

III. SIGNATURE & TITLE: _____

Board: _____ Date: _____

(Board Seal)