

PENNSYLVANIA INSTRUCTIONS

**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@pa.gov
Website: www.dos.pa.gov/eng

Courier Address:

Engineer Board
2601 North Third Street
Harrisburg, PA 17110

PROFESSIONAL GEOLOGIST LICENSURE

Applicant Checklist:

Follow Instructions Below and Submit All Required Documents
DO NOT COMPLETE THIS APPLICATION IF YOU HAVE NOT PASSED BOTH ASBOG EXAMINATIONS

- 1. **Application** must be typed OR printed in **black ink**.
- 2. **DO NOT COMPLETE THIS APPLICATION IF YOU HAVE NOT PASSED THE FG and PG ASBOG EXAMINATIONS.** Pennsylvania law requires any applicant for licensure as a professional geologist to successfully complete both the FG and PG examinations to qualify for licensure.
- 3. **Complete pages 1 – 3** of application along with the amplified record.
- 4. **Verification of Examination / Registration** must be completed by the State Board which granted your license by examination. If not actively licensed in that state, you must also submit a verification of licensure from a state in which you are currently licensed. The *Verification of Examination / Registration* must be **mailed directly to the Board office from the states involved**. If the 2 parts of the examination were passed in different states, a separate verification form must be obtained from each. You may duplicate the verification form, if needed, for additional verifications.
- 5. **Education** information indicated on Page 2, Section 6 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 a letter confirming same. The school must submit this letter **DIRECTLY** to the Board office.
- 6. **Amplified Record of Experience** must be completed per instructions on form. The original completed amplified record must be included with your application when submitted to the Board. **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.)
- 7. **References** must be listed on Page 2, Section 7.
 - a. 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.
 - b. Must provide five (5) references, 3 of whom are licensed professional geologists, the remaining two (2) references may be professional engineers, professional land surveyors or unlicensed geologists who, through education and experience, possess an equivalent level of expertise as that of a professional geologist. 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.
- 8. **Social Security Act Certification:** Sign and date SS Certification (Section 9) on page 3 of the application.

<input type="checkbox"/>	9. In completing Section 10, <u>Please Answer All Questions</u>: if you answer "YES" to any questions #3 thru question #7; you must 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. NOTE: Answering "YES" to any of the questions will not result in the automatic denial of your application.
<input type="checkbox"/>	10. Sign and date the Certification Statement (Section 12) on page 3 of application.
<input type="checkbox"/>	11. Maintain for your records a copy of your completed application prior to submission.
<input type="checkbox"/>	12. Forward application and fee of \$50 made payable to "Commonwealth of Pennsylvania" to address indicated above.
PLEASE ALLOW APPROXIMATELY 30-45 DAYS FOR PROCESSING.	

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.

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

PENNSYLVANIA APPLICATION

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

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APPLICATION FOR LICENSURE

PROFESSIONAL GEOLOGIST

Follow Attached Instructions and Submit All Required Documents

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

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

a) Last Name:																									
b) First Name:													c) Middle:												
d) Social Security #							e) Date of Birth:																		
f) Street Address:																									
(Continued)																									
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?																			Yes:			No:			
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 have successfully completed the following examination(s):

- Fundamentals Of Geology (ASBOG) Principles & Practice of Geology (ASBOG)

State where you passed examination(s): _____

Section 4 Applications previously submitted to this Board.

Engineer-In-Training

Professional Engineer

Surveyor-In-Training

Professional Land Surveyor

Professional Geologist

None

Applicant Name: _____

Pennsylvania State Registration Board for Professional Engineers,
Land Surveyors and Geologists
Application for PG Licensure

Section 5 Other Licensures - List all states in which you are registered

State	Registration Number	Registration Date	Registered by:	
			Written Exam	Other

Section 6 Education (If additional space is required, submit on a 8 1/2" x 11" sheet of paper)

College, University or Professional School	Address	Dates Attended	Major Course of Study and Degree Awarded	Graduation Date
1.				
2.				
3.				

Section 7 References - Read Section 7 of the Applicant Checklist

List five references – Name, Address, State, Professional License Number and Telephone number

Name	Address	State In Which Licensed	License #	Telephone #
1.				
2.				
3.				
4.				
5.				

Section 8

Do you Read

Yes

No

Write

Yes

No

And Speak

Yes

No the English Language?

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 Human Services (DHS), this licensing board must provide DHS information prescribed by DHS 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: _____

Section 10 Please Answer All Questions:

The following **must** be answered. **If you answer "YES" to any questions #3 thru question #7, you must provide a full written explanation on an 8 ½" x 11" sheet of paper AND submit certified copies of any and all relevant court and/or legal documents, including documentation of your successful completion of any sentencing requirements and the final disposition.** NOTE: Answering "YES" to any of the following questions will not result in the automatic denial of your application.

YES	NO
-----	----

- | | | |
|---|--|--|
| 1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? | | |
| 2. If you answered yes to the above question, please provide the profession and state or jurisdiction. _____ | | |
| 3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline? If action was taken in Pennsylvania – Certified copies NOT required. | | |
| 4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction? | | |
| 5. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction? | | |
| 6. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. | | |
| 7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction? | | |

Pennsylvania State Registration Board for
Professional Engineers, Land
Surveyors and Geologists
Application for PG Licensure

Applicant Name: _____

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:



Commonwealth Of Pennsylvania
Department Of State
Bureau of Professional and Occupational Affairs
State Registration Board for Professional Engineers, Land Surveyors and Geologists
P. O. Box 2649
Harrisburg, PA 17105-2649

Amplified Record of Geological Work Experience Requirements

To assist the Board with providing the most appropriate evaluation of your geological work experience, you must submit an “Amplified Record of Geology Work Experience” form (amplified record), which has been **completed in its entirety** (names, addresses, complete employment dates- *NOT to “present”* etc...) and provides the Board with specific, thorough and detailed descriptions of your progressive professional experience in geology work that you obtained under the supervision of a licensed professional geologist (or similarly qualified geologist of a grade or character to fit him to assume responsible charge of the work involved in the practice of geology).

The amplified record should clearly describe the five (5) or more years of professional geological work that you personally performed; including at least 3 years of professional geological work under the supervision of a licensed professional geologist and 2 years of geological experience in a responsible position in geological work or a minimum of 5 years in a responsible position in professional geological work or a minimum of 5 years of experience prior to 12/16/92 under the supervisor of a licensed PG or similarly qualified geologist. The amplified record should delineate your specific role in any geological activity; provide an overall description of the nature of geologic work you personally performed and specifically indicate how your geological skills and responsibilities have increased during your years of experience.

Your amplified record should demonstrate conclusively the application of the principles of geology, geophysics, geochemistry, engineering geology or their subdivisions to the actual practice of geology. Routine sampling, laboratory work and geological drafting are not professional geological work and will not be credited as acceptable experience. Likewise, work not requiring the input or participation of a professional geologist, or work that does not require the application of the principles of geology will not be credited as acceptable experience. Please note that the only work experience considered during any subsequent application review is the experience information provided on the most recent amplified record. A blank “Amplified Record of Work Experience” form can be found under the “Board forms” section of the “licensure information” page of the Board’s website (www.dos.state.pa.us/eng).

Additionally, please note that you should provide no more than one year of work experience per page of the amplified record; however, you may use as many pages as necessary to accurately describe each year of experience.

REFERENCE INFORMATION FORM CHECKLIST

A. Applicant Check List:

Please review all Reference requirements in the Board's Regulations (49 Pa. Code §37.32 for Engineers, §37.37 for Geologists and §37.48 for Surveyors).

Applicants for the **PE exams, licensure**, or the **FE exam (based upon work experience)** shall provide at least **five (5) references**. **Three (3)** who are **licensed Professional Engineers who can attest to the progressive work experience**, the other **two (2)** may be professional land surveyors, professional geologists or unlicensed engineers who, through education and experience, possess an equivalent level of expertise as that of a professional engineer. A reference that is not a professional engineer licensed in the United States is required to submit a curriculum vitae. **All work experience must be supported by a Reference Information Form submitted by the licensed professional engineer who supervised the work experience.**

Applicants for the **PS &/or PLS exams, licensure**, or the **FS exam (based upon work experience)** must provide **five (5) references**. At least **three (3)** of the references must be **licensed Professional Land Surveyors**, the other 2 may be licensed professional engineers, professional geologists or unlicensed surveyors who, through education and experience possess an equivalent level of expertise of that of a professional land surveyor. A reference who is an unlicensed surveyor is required to submit a curriculum vitae. **All work experience must be supported by a Reference Information Form submitted by the licensed professional land surveyor who supervised the work experience.**

Applicants for the **FG &/or PG exams or licensure** must provide **five (5) references**, **three (3)** of whom are **licensed professional geologists**, the remaining two (2) references may be professional engineers, professional land surveyors or unlicensed geologists who, through education and experience, possess an equivalent level of expertise as that of a professional geologist. A reference who is an unlicensed geologist is required to submit a curriculum vitae. **All work experience** must be supported by a Reference Information Form submitted by the licensed professional geologist who supervised the work experience.

Applicant MAY NOT be related to **any** reference. References MUST have *personal knowledge of your experience* and collectively be able to attest to the entire amount of required experience.

Attach this checklist to each Reference Form provided to your references.

Reference Information Forms submitted by the applicant with the application will be REJECTED.

- 1. Fill in your name and address at the top of the Reference Information Form.
- 2. Write in what you are applying for i.e. FE, PE, FS, PS &/or PLS, FG &/or PG Exam(s), Type of licensure (if you have already passed ALL required exams).

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.

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. Provide a response for all questions on the Reference Information Form. Forms without all questions answered (and explanations provided, as necessary) will be REJECTED.
- 2. Sign and date at the bottom of Page 2.
- 3. **References without a professional license must attach a copy of their resume to this form before mailing.**
- 4. *** **Return the original completed Reference Information Form, in a sealed envelope bearing your signature across the seal to:**

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

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

REFERENCE INFORMATION FORM

Applicant's Name:					Applying for:				
Address:			City:		State:		Zip:		
<u>ALL OF THE FOLLOWING MUST BE COMPLETED BY THE REFERENCE:</u>									
Must be typed or completed in black ink – If ALL Information is not provided, the form is not considered complete									
1. Name:		LAST			FIRST			MI	
2. Address:		Street							
		City			State		Zip		
3. Business Phone (8 AM - 5 PM):									
4. E-Mail Address:									
5. What is your present business or profession:									
6. If in individual practice, please indicate nature of such practice.									
7. What is your area of expertise (discipline)?									
8. Are you a Licensed <input type="checkbox"/> Engineer <input type="checkbox"/> Surveyor <input type="checkbox"/> Geologist? <input type="checkbox"/> None					License # <input style="width: 100px;" type="text"/>				
If "none", you must submit a detailed resume or curriculum vitae.					State: <input style="width: 30px;" type="text"/>		Exp. Date <input style="width: 100px;" type="text"/>		
9. How long have you known the applicant?			From		to		inclusive.		
			Do not use "present"						
10. Did/Do you provide direct supervision over the applicants work?					<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", provide a detailed explanation below (use a separate page if necessary):				
11. Did/Do you have review and approval authority over the applicants work?					<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", provide a detailed explanation below (use a separate page if necessary):				
12. Are you in any way related to applicant?			<input type="checkbox"/> Yes <input type="checkbox"/> No						

13. Do you know of anything reflecting adversely on the integrity, morals or general good character of the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes” , provide a detailed explanation below (use a separate page if necessary)
14. Does the applicant read, write, and speak the English language intelligibly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Was the applicant assigned tasks and duties with increasing responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No If “No” , provide a detailed explanation below (use a separate page if necessary):
16. Is applicant’s experience of a grade or character to allow applicant to assume sole responsible charge of the work involved in the practice of the profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No If “No” , provide a detailed explanation below (use a separate page if necessary)
17. Do you recommend the applicant for certification or licensure?	<input type="checkbox"/> Yes <input type="checkbox"/> No If “No” , provide a detailed explanation below (use a separate page if necessary):
18. Focusing on the applicant’s ability to utilize the principles and practice of their profession, provide a description of what you think are the applicant’s qualifications. (use a separate page if necessary)	
19. Does the applicant consistently demonstrate a professional attitude in his/her work?	<input type="checkbox"/> Yes <input type="checkbox"/> No If “No” , provide a detailed explanation (use a separate page if necessary):

I _____ certify to the accuracy of the above statements
Print your name

Signature: _____ Date: _____

VERIFICATION OF EXAMINATION / REGISTRATION

**Pennsylvania State Registration Board for
Professional Engineers, Land Surveyors and
Geologists**

Mailing Address:
Engineer Board
P. O. Box 2649
Harrisburg PA 17105

Courier Address:
Engineer Board
2601 N 3rd St
Harrisburg PA 17110

This form WILL NOT be accepted electronically OR from the applicant.

INSTRUCTIONS

It is the responsibility of the applicant to request the necessary verification(s) from **every State Board and/or Licensing Jurisdiction** you have ever *passed a certification and/or licensure examination in or have ever been granted certification or licensure* (regardless of the current status).

After completion, this form must be **mailed** to the PA Board **directly from the Verifying State or Jurisdiction.**

(You may duplicate this form as much as necessary.)

DO NOT provide the verifying Board an envelope with **YOUR** return address **OR** business letterhead/return address.

THIS PORTION TO BE COMPLETED BY APPLICANT

TO: (State Board Completing Form)

_____ (Name of Applicant)

_____ (Street Address)

_____ (City) _____ (State) _____ (Zip)

_____ (Social Security Number) _____ (Date of Birth)

I. The above named person was certified or registered as:

	Certificate #	Date Issued	License #	Date Issued
<input type="checkbox"/> Geologist in Training	_____	_____	<input type="checkbox"/> Professional Geologist	_____

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	# Hours	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	_____ Hours			
5. <input type="checkbox"/> Comity with: (1) _____ (2) _____				
6. <input type="checkbox"/> Other: Please provide full details on reverse side.				

Signature and Title: _____

Board: _____ Date: _____

