

# **APPLICATION FOR CERTIFICATION GEOLOGIST**



Department of Professional and Financial Regulation  
Office of Licensing and Registration

## **BOARD OF CERTIFICATION FOR GEOLOGISTS AND SOIL SCIENTISTS**

35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207)624-8627  
Hearing Impaired: (207) 624-8563  
e-mail: [sandra.a.leach@state.me.us](mailto:sandra.a.leach@state.me.us)

Office located at: 122 Northern Avenue, Gardiner, Maine

# APPLICATION INSTRUCTIONS

## Geologist Certification

**COMPLETING THE APPLICATION FORM** – Answer all questions and return the following to this office:

- Application and payment for \$25.00
- College or University Transcript(s). Transcripts must cover all upper division and graduate credits.
- Three professional references
- Two personal references

Please allow at least 90 days processing time for review of your application. Applicants will be notified of the status of the Board's review and approved applicants will be directed to submit the applicable examination fee. After passing the required examination you will be notified of the applicable licensing fee.

**GEOLOGIST EXAMINATION** - The State of Maine utilizes the Association of State Boards of Geology (ASBOG) national examination together with a local knowledge examination to certify geologists. The examination is offered twice a year in March and September.

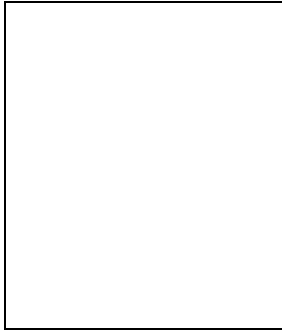
You are required to file an application with the State of Maine Board of Certification of Geologists and Soil Scientists to sit for the examination. The Board will notify you when your application has been approved. You will be instructed to submit your examination fee to the Board at least 45 days prior to the scheduled examination date. An applicant whose application has been approved by the Board must take the examination for certification within two years of the date of application approval. Fees for the examination and the duration of each examination are as follows:

Fundamentals of Geology	\$200.00	4 Hour Examination
Practice of Geology	\$200.00	4 Hour Examination
Northern New England Geology	\$ 50.00	1 Hour Examination

You must successfully pass each examination in order to qualify for certification. You may choose to take one, two or three sections of the examination at any one administration. The content of the ASBOG examination is described in the ASBOG Candidate Handbook that will be forwarded to you when your application has been approved. The Northern New England Geology examination covers bedrock, glacial, coastal and environmental subjects specific to this geographic area.

The examinations are closed book. Calculators, scales and drafting materials are permitted. Individuals who do not attend a scheduled examination may be charged a rescheduling fee.

# APPLICATION FOR CERTIFICATION AS A GEOLOGIST OR SOIL SCIENTIST



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
 OFFICE OF LICENSING AND REGISTRATION  
**BOARD OF CERTIFICATION FOR GEOLOGISTS AND  
 SOIL SCIENTISTS**  
 35 STATE HOUSE STATION  
 AUGUSTA, ME 04333  
 TEL: (207)624-8627 FAX: (207)624-8637  
 HEARING IMPAIRED: (207)624-8563

Office Use Only
Ck # _____
Amount: _____
Cash #: _____
Exam Date: _____
Score: _____
4090 - 1446

## APPLICATION FOR CERTIFICATION AS:

- GEOLOGIST                       SOIL SCIENTIST

**Application Fee: \$25.00 (non-refundable)**

**Remit by Check or Money Order Payable to: Treasurer, State of Maine**

**Social Security Number**    \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

Name of applicant: _____			
Home Address: _____			
City: _____	State: _____	Zip Code: _____	County: _____
Business Name and Address: _____			
City: _____	State: _____	Zip Code: _____	County: _____
Place of Birth: Country: _____		Home Telephone: (____) _____ - _____	
City: _____ State: _____		Work Telephone: (____) _____ - _____	
Date of Birth: ____/____/____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

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Have you ever had an application for registration, certification or license denied, suspended or revoked?  Yes  No

If yes, give dates, by whom and reason for denial.

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List other professional registrations and licenses that you hold from a governmental body in or out of the State of Maine. DO NOT include certification by a technical, scientific, or any other non-governmental body.

TYPE OF LICENSE	CERT NO.	ISSUING AGENCY	DATE ISSUED

College or University: (Specify credits in geology or soil science in semester or quarter hours.)

NAME AND LOCATION	ATTENDANCE		MAJOR	CREDITS	DEGREE	DATE REC'D
	FROM	TO				

PROFESSIONAL EXPERIENCE: List present employer first. List detail on the Experience Data Sheets provided. List Supervisor's Address on additional Data Sheet if different than Employer. Complete Experience Data Sheet for each entry.

NO. OF YEARS FROM      TO		TOTAL TIME	NAME OF EMPLOYER	ADDRESS	SUPERVISOR

PROFESSIONAL AFFILIATIONS

ORGANIZATION	GRADE OF MEMBERSHIP OR OFFICE HELD

List the names of three professionals, preferably registered, that are familiar with your work as a geologist or soil scientist.

NAME	ADDRESS	TELEPHONE

REFERENCES. Give the names of two persons (not professionals) who can attest to your character and business integrity.

NAME	ADDRESS	TELEPHONE

ADDITIONAL DATA (attach additional sheet if necessary)

I understand that I may be required to supply additional data if requested by the Board. \_\_\_\_\_ initials

I, \_\_\_\_\_, hereby certify that the information contained on this application and attached Experience Data Sheets is true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Subscribe and Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

# EXPERIENCE DATA SHEET

(Photocopy as Needed)

EXPERIENCE Data Sheet \_\_\_\_\_ of \_\_\_\_\_

Your Name \_\_\_\_\_

List experience in the order shown on the Application. Be brief but supply pertinent facts concerning the degree of responsibility and nature of the geological or pedological decision you have made. Additional sheets may be used if necessary.

<b>DATES</b>		<b>EMPLOYER</b>	<b>TEL:</b>
<b>FROM</b>	<b>TO</b>	<b>ADDRESS</b>	
		<b>SUPERVISOR</b>	<b>TEL:</b>
		<b>ADDRESS</b>	

<b>DATES</b>		<b>EMPLOYER</b>	<b>TEL:</b>
<b>FROM</b>	<b>TO</b>	<b>ADDRESS</b>	
		<b>SUPERVISOR</b>	<b>TEL:</b>
		<b>ADDRESS</b>	

**MAINE**  
**BOARD OF CERTIFICATION FOR GEOLOGISTS AND SOIL SCIENTISTS**  
**PROFESSIONAL REFERENCE FORM**  
 (Photocopy as Needed)

APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

I have personal knowledge of this applicant's work from \_\_\_\_\_ to \_\_\_\_\_

My relationship with this applicant has been that of:

- Employer       Supervisor       Co-Worker   
 Other (Explain)

	EXCELLENT	GOOD	POOR	DO NOT KNOW
Character – Personal Reputation				
Quality of Professional Work				
Application of Technical Knowledge				
Professional Attitude – interest, initiative				

I have personal knowledge of applicant's experience in a responsible position.  
 (NO NOT LIST SUB-PROFESSIONAL WORK)

Dates From	To	TOTAL Months	Employer

Approximate percent of time in Responsible Position as a Geologist or Soil Scientist \_\_\_\_\_ %

Project, Description of Work, and Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates		TOTAL Months	Employer
From	To		

Approximate percent of time in Responsible Position as a Geologist or Soil Scientist \_\_\_\_\_ %

Project, Description of Work, and Comments \_\_\_\_\_

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Do you consider this applicant to be qualified for registration as a geologist or soil scientist?       Yes    No

ADDITIONAL REMARKS OR COMMENTS: \_\_\_\_\_

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SIGNATURE \_\_\_\_\_

REGISTRATION NO. \_\_\_\_\_

PRESENT POSITION \_\_\_\_\_

STATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
 OFFICE OF LICENSING AND REGISTRATION  
**Board of Certification for Geologists and  
 Soil Scientists**

35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035  
 (207) 624-8563 (HEARING IMPAIRED)

ANGUS S. KING, JR.  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

Pursuant to 32 M.R.S.A. § 4909(2)(A), in order to qualify to sit for the examination for certification an applicant must be a graduate of an accredited college or university with a major in geological sciences, or have completed 30 credits in geological sciences at an accredited college or university.

Please list separately all courses and credits received in the area of geology below and submit this form when filing your application with our office.

COURSE NAME	CREDITS
<b>TOTAL</b>	



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PHONE: (207)624-8627  
 (Office Phone)

FAX: (207)624-8637

(207)624-8653 (HEARING IMPAIRED)  
 OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER,  
 MAINE



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
 OFFICE OF LICENSING AND REGISTRATION  
**BOARD OF CERTIFICATION FOR  
 GEOLOGISTS AND SOIL SCIENTISTS**  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035

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 DIRECTOR



**AUTHORIZATION OF CREDIT CARD PAYMENT**

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name of applicant:</b> (fees being paid for)		
<b>Mailing Address of applicant:</b> (fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		<b>Telephone #: (____) _____ - _____</b>
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa     MasterCard \_\_\_\_\_

Card number

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE: (207)624-8629  
 (Office Phone)



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637

# ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name:		
Mailing Address:		
City:	State:	Zip Code:
Social Security # ____ - ____ - _____	Telephone #: (____) _____ - _____	

ACCOMMODATIONS REQUESTED FOR THE \_\_\_\_\_ EXAMINATION.

(CHECK ALL THAT APPLY)

- ACCESSIBLE TESTING SITE
- SEPARATE TESTING AREA
- BRAILLE
- LARGE PRINT
- TAPE
- READER AS ACCOMMODATION FOR VISUAL IMPAIRMENT
- SCRIBE/AMANUENSIS AS ACCOMMODATION FOR VISUAL OR MOTOR IMPAIRMENT
- READER AS ACCOMMODATION FOR LEARNING DISABILITY
- SCRIBE/ANANUESIS AS ACCOMMODATION FOR LEARNING DISABILITY
- SIGN LANGUAGE INTERPRETER
- EXTENDED TIME
- TIME-AND-A-HALF
- DOUBLE TIME
- MORE THAN DOUBLE TIME(SPECIFY): \_\_\_\_\_
- USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT  
(SPECIFY): \_\_\_\_\_
- OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION  
(see reverse side)

## DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known \_\_\_\_\_ since \_\_\_\_\_ in my capacity as a  
(test applicant) (date)

\_\_\_\_\_  
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- TAPED TEST
- LARGE PRINT TEST
- READER
- SCRIBE/AMANUENSIS
- EXTENDED TIME:
- TIME-AND-A-HALF
- DOUBLE TIME
- MORE THAN DOUBLE TIME (PLEASE JUSTIFY)
- SEPARATE TESTING AREA
- USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (PLEASE SPECIFY): \_\_\_\_\_

OTHER (PLEASE SPECIFY): \_\_\_\_\_

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ LICENSE # (if applicable): \_\_\_\_\_