

APPLICATION FOR CERTIFICATION

SOIL SCIENTIST



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

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Soil Scientist 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).
- Three professional references
- Two personal references

SOIL SCIENCE EXAMINATION – The examination consists of two parts:

PART I: FUNDAMENTALS OF SOIL SCIENCE EXAMINATION - Applicants can prepare for this examination by reviewing the Performance Objectives published as a booklet from the Soil Science Society of America's Council of Soil Science Examiners (CSSE). The State of Maine uses the Fundamentals examination as developed by the national CSSE. The Performance Objectives information can be obtained by requesting copies from the Board Office or on the CSSE worldwide web site <http://www.agronomy.org/csse/index.htm>.

Additional insight can be gained from the text, *The Nature and Properties of Soil* by Brady and Weil (11th Edition or more recent) published by Prentice Hall.

NOTE: Maine does not utilize the CSSE Professional Practice examination also listed on this web site, but rather the examination described below is used for the second part of the certification examination process.

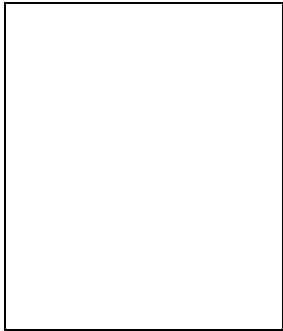
PART II - SOIL SCIENCE SPECIALTY AREA EXAMINATION - By far the most commonly utilized examination is in Soil Taxonomy, Morphology, and Mapping. The purpose of this examination is to test applicant knowledge about the application of these disciplines to Maine. Applicants must be familiar with the latest version of the USDA, Natural Resource Conservation Service *Keys to Soil Taxonomy* available through the U.S. Superintendent of Documents, Mail Stop SSOP, Washington D.C. 20402-9328, and the Maine Association of Professional Soil Scientists *Guidelines for Maine Certified Soil Scientists for Soil Identification and Mapping* available from the Board Office.

EXAMINATION ADMINISTRATION - The examination is offered twice a year. The applicant can find out examination dates by contacting the Board Office or by accessing the CSSE web site.

Part I is administered in the morning and is graded by the CSSE. The passing grade for the Fundamentals examination is determined with each examination administration by the CSSE.

Part II is administered in the afternoon and is graded by the Board staff. The passing grade for the Specialty examination is 70%.

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.

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.

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.

DATES		EMPLOYER	TEL:
FROM	TO	ADDRESS	
		SUPERVISOR	TEL:
		ADDRESS	

DATES		EMPLOYER	TEL:
FROM	TO	ADDRESS	
		SUPERVISOR	TEL:
		ADDRESS	

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		TOTAL Months	Employer
From	To		

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 _____

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

ADDITIONAL REMARKS OR COMMENTS: _____

SIGNATURE _____

REGISTRATION NO. _____

PRESENT POSITION _____

STATE _____

EMPLOYER _____



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 AUGUSTA, MAINE
 04333-0035

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 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.

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

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): _____