

Section II: Verification of Licensure, Registration and/or Examination: (Please print or type)

Instructions to the Licensing Authority: Please complete items 1-3, sign and date the certification and return all pages of this form in an official envelope **directly** to the Office of the Professions at the address below. **This form will not be accepted if returned by the applicant.** Attach additional sheets if necessary.

1. Name of applicant: _____
(Section I, item 7)

2. Record of Examination

a. For Fundamentals of Geology: (Check One):

Written Examination in your jurisdiction.
Hours _____ Grade _____ Date ____/____/____ ASBOG exam? Yes No
mo. day yr.

Endorsement of examination taken in another jurisdiction. Jurisdiction: _____

Waiver of written examination based on: (Check all that apply)

Education Oral examination Hours _____ Date ____/____/____
mo. day yr.

Demonstrated proficiency in geology over a period of _____ years.

Other (Specify): _____

b. For Principles and Practice of Geology: (check one)

Written examination in your jurisdiction
Hours _____ Grade _____ Date ____/____/____ ASBOG exam? Yes No
mo. day yr.

Endorsement of examination taken in another jurisdiction. Jurisdiction: _____

Waiver of written examination based on: (Check all that apply)

Oral examination Hours _____ Date ____/____/____
mo. day yr.

Demonstrated proficiency in geology over a period of _____ years.

Other (Specify): _____

3. a. If the applicant holds a current license to practice geology in your jurisdiction, what is his/her:
License number: _____ Date issued: ____/____/____ Expiration date of most recent registration: ____/____/____
mo. day yr. mo. day yr.

b. Was there ever any disciplinary action against this licensee? Yes No
If so, please explain: _____

c. Are there any disciplinary charges pending against this licensee? Yes No
If so, please explain: _____

Certification

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named above. I further certify that, except as noted in item 3 above or in any attachments, this licensing authority has never taken any disciplinary action against this person and that in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature: _____ Date: ____/____/____
mo. day yr.

Print name: _____

Title: _____

Licensing authority: _____

(SEAL)

Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Professional Geology Unit, 89 Washington Avenue, Albany, NY 12234-1000.