

Professional Experience

Are you applying for exam/licensure with more than twelve (12) years experience? Yes No

Employment

List below all places of employment in chronological order beginning with your first employment for which experience is being claimed. Attach additional sheets if needed. You must submit a separate Verification of Professional Experience (Form 4A) for each employment listed. Your application will not be reviewed by the Board until a Form 4A for each employer has been received.

Endorser Number	Firm Name	Name of Endorser	Begin Date/End Date	Time Claimed Years/Months
1.	_____	_____	____/____/____ to ____/____/____ mo. day yr. mo. day yr.	____/____ Years Months
2.	_____	_____	____/____/____ to ____/____/____ mo. day yr. mo. day yr.	____/____ Years Months
3.	_____	_____	____/____/____ to ____/____/____ mo. day yr. mo. day yr.	____/____ Years Months
4.	_____	_____	____/____/____ to ____/____/____ mo. day yr. mo. day yr.	____/____ Years Months
5.	_____	_____	____/____/____ to ____/____/____ mo. day yr. mo. day yr.	____/____ Years Months
6.	_____	_____	____/____/____ to ____/____/____ mo. day yr. mo. day yr.	____/____ Years Months
7.	_____	_____	____/____/____ to ____/____/____ mo. day yr. mo. day yr.	____/____ Years Months
8.	_____	_____	____/____/____ to ____/____/____ mo. day yr. mo. day yr.	____/____ Years Months
8.	_____	_____	____/____/____ to ____/____/____ mo. day yr. mo. day yr.	____/____ Years Months
10.	_____	_____	____/____/____ to ____/____/____ mo. day yr. mo. day yr.	____/____ Years Months
11.	_____	_____	____/____/____ to ____/____/____ mo. day yr. mo. day yr.	____/____ Years Months

(Note: Total time claimed cannot exceed calendar time) Total Time Claimed = _____/_____/_____
Years Months

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.