

INFORMATION FOR APPLICANTS FOR REGISTRATION AS PROFESSIONAL GEOLOGISTS

Fill in all blanks; print or type. If an item is not applicable to you, complete the blank with “none” or “N/A”. If insufficient space is provided for any item, attach supplemental sheets. Your signature to this form and its notarization constitute an affidavit as to the truth of all information you have submitted.

Your application must be accompanied by a check, made payable to the Kentucky State Treasurer, for the \$50.00 application fee (nonrefundable) plus the applicable fee of \$225.00 for the Fundamentals of Geology and \$225.00 for the Practice of Geology. Examination fees will be refunded if your application is not approved.

If you have passed the Association of State Boards of Geology (ASBOG) exam composed of the Fundamentals of Geology (FG) and the Practice of Geology (PG) and have five (5) years of experience, you may submit only the application fee of \$50.00 along with a copy of the results of the examination.

In addition, a copy of your official transcript is required and must be sent directly from the educational institution to the board. Photocopies of transcripts or transcripts issued to the student are not acceptable.

Please refer to 322A.040 of the enclosed Laws and Regulations for all requirements for registration.

NOTE: If you are a student applying to take the Fundamentals exam as an exit exam from a university, you must submit verification from the Chair of the Geology Department of your university that you are currently enrolled as a full-time student majoring in Geological Sciences.

322A.040 Requirements for registration.

(1) In order to qualify for registration, an applicant shall meet all of the following requirements:

(a) Successful completion of a minimum of thirty (30) semester hours or forty-five

(45) quarter hours of course work in geology, culminating in a baccalaureate or advanced degree in geology, geophysics, geochemistry, or geological/geotechnical engineering from an accredited college or university. At the discretion of the board, courses dealing with applied geological science that are given under the auspices of an academic department other than geology may be considered toward the fulfillment of this requirement. During the twelve (12) month period beginning one hundred and eighty (180) days after July 14, 1992, the board may waive the education requirements for persons who derive their livelihood from the public practice of geology who do not meet the education requirements, but who can demonstrate to the satisfaction of the board their competency and who have at least eight (8) years of experience in geology.

Applicant's Name: _____

2. Record of Experience: Please provide a listing of your qualifying experience in the practice of geology beginning with the most recent position first. Attach a copy of a job description for each position listed and a letter from the supervisor verifying the time, dates, and nature of the experience.

Dates Mo/Yr From To	Title of Position	Employers Name and Address	Name of Supervisor

3. Registration and Licensure History:

- A. Do you now, or have you ever, held a state certification, licensure, or registration to practice geology? _____No _____Yes

- B. Have you ever been refused certification, licensure, registration or the renewal thereof? _____ No _____Yes

- C. Have you ever had a certification, license, or registration to practice geology or any other profession revoked, suspended, or otherwise acted against in a disciplinary proceeding? _____ No _____Yes

If 3A is answered "Yes" indicate the state(s) on next page and include a photocopy of each certification, license, or registration ever held. If 3B or 3C is answered "Yes" you must provide details as to the state, agency, or organization, certificate, license, or registration number, date and state reason on a supplemental sheet.

4. Legal History: Have you, or a partnership, or corporation of which you were a partner, officer, or director, ever been:

- A. Convicted of a crime in any jurisdiction which directly relates to the practice of geology or the ability to practice geology? _____ No _____Yes

- B. Indicted for, or convicted of, a felony in any jurisdiction? _____ No _____Yes

- C. The subject of an investigation, injunction, fine, or penalty concerning any alleged consumer, investor, or securities fraud in any jurisdiction? _____ No _____Yes

- D. A defendant in any jurisdiction in a civil action arising out of your practice of geology? _____ No _____Yes

If the answer to any of the above questions is "Yes" you must provide supplemental information of the details regarding the matter on a separate sheet.

Applicant's Name: _____

5. Demographic Information:

A. What is your current primary employment setting? (check one)

- Government Agency
- Private Industry or Business (single employer)
- Consulting (multiple clients or employer)
- Academic Institution
- Other (please describe) _____

B. What is your current primary area of practice? (check one)

- Environmental Geology/Hydrogeology
- Engineering Geology/Geotechnical
- Mineral Resources – Coal
- Mineral Resources – Oil and Gas
- Other (please describe) _____

C. All 50 states, plus Washington, DC and non-USA are listed below. For each state (including Kentucky) in which you are currently, or in the past, have been registered/certified/licensed as a professional geologists, please provide the following information:

Year of Registration, Certification, or Licensure (Include Number and How)

To indicate how you were registered, certified, or licensed, use: G = grandfathered, or exam waived; E= exam passed; R= reciprocity, or O=other. Leave other states blank.

STATE	YEAR	REG NO.	HOW (G/E/O/R)	STATE	YEAR	REG NO.	HOW (G/E/O/R)
AL				NE			
AK				NV			
AZ				NH			
AR				NJ			
CA				NM			
CO				NC			
CT				NY			
DE				ND			
FL				OH			
GA				OK			
HI				OR			
ID				PA			
IL				RI			
IN				SC			
IA				SD			
KS				TN			
KY				TX			
LA				UY			
ME				VT			
MD				VA			
MA				WA			
MI				WV			
MN				WI			
MS				WY			
MO				WASH DC			
MT				NON-USA			

Applicant's Name: _____

Affidavit

I do hereby swear or affirm that all statements and information provided herein are true, correct and complete to the best of my knowledge and belief. Any untrue or incorrect statement knowingly made by me on this application shall constitute grounds for such disciplinary action as the Board may determine appropriate.

I agree to fully cooperate in the processing of my application. I will furnish any additional information requested. I hereby grant permission to contact listed references, supervisors, or others who, in the judgement of the Board, may provide information concerning my qualification for registration, and to divulge information contained in the application or obtained in the evaluation of my qualifications, which is necessary to independently verify my qualifications.

Signature: _____ Date: _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same as a warrant of the statements therein contained, of his/her own free will.

Given under my hand and seal of office the _____ day of _____, 20_____

My commission expires _____

Notary Public