Application for Licensure as a Professional Geologist

Name (Last, First, Middle)		E-mail Address
Home Mailing Address (Recommended mailing address)	City, State, Zip	Phone
Employer's Name and Address	City, State, Zip	Phone

Geological Licenses, Certifications, or Registrations

Type of License	Lic. No.	Issuing Agency	Date Issued

Education Background

College or University	Date Attended		Major	Geology Credits		Degree
	From	To		Total Crd. Hrs (Sem./Qtr. Hrs)	Degree	Mo. & Yr.

Teaching Experience - List any College or University Level Teaching Experience

Courses Taught	Taught		College or University	Sem./Hr.
	From	To		

Professional Affiliations

List Major Publications, Patents, Reports, and Honors

Check the Box Applicable to your Professional Work Experience as a Geologist

☐ Five (5) years of teaching geology as a faculty member at the college or university level.**

☐ Five (5) years of post-doctoral research in geology, geophysics, geochemistry, geological engineering, or geotechnical engineering at an accredited college or university.**

☐ Five (5) years of geologic work performed under the supervision of, or in collaboration with, a licensed professional geologist.**

**Note: if applying under the provision of having worked five (5) years under an LPG, your references need to be licensed professional geologists.

☐ Seven (7) years or longer of professional geologic work.

Have you ever been convicted of a felony? Yes ☐ No ☐
If yes, explain fully below.

Have you ever had an application for professional license, certification, or registration denied, suspended, or revoked in any state?
If yes, explain fully below. Yes ☐ No ☐

Professional Qualifying Examinations

Have you taken and passed both portions of the ASBOG examination? Yes ☐ No ☐

If yes, enter date tested and state | | | Please provide confirmation of exam scores.

The Indiana Board of Licensure of Professional Geologists accepts passing scores prior to ASBOG (10/1992) from the following states: California, Florida, Georgia, Idaho, North Carolina, South Carolina, and Virginia. Did you pass any of these exams? If so, please provide verification of exam scores.

List three (3) Professional Geologists who will attest to your high professional and ethical standards

Name	Job Title	Address	City, State, Zip

Use this space for any amplifying remarks and attach additional sheets if necessary.

Applicant's Professional Work Experience

Please list in order starting from the most recent position and provide pertinent facts concerning the degree of responsibility and nature of the geological decisions you have made. You may use additional sheets if necessary.

Applicant's Job Title	Employer	Phone No.
	Street Address	City, State, Zip
Dates (Mo./Yr.)	Supervisor's Name	
From / To	Supervisor's Title	Phone No.

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Dates (Mo./Yr.)	Supervisor's Name	
From / To	Supervisor's Title	Phone No.

I understand that I may be required to provide additional information if requested by the Indiana Board of Licensure for Professional Geologists. I certify that the information on this application is true and accurate to the best of my knowledge.

Signature	Date