BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS Idaho Division of Occupational and Professional Licenses 11341 W. Chinden Blvd., Building #4 Boise, ID 83714 or P.O. Box 83720, Boise ID 83720-0063 Phone: (208) 334-3233 Website: <u>https://dopl.idaho.gov</u> E-mail: geo@dopl.idaho.gov

APPLICATION FOR FUNDAMENTALS OF GEOLOGY EXAM AND GEOLOGIST IN TRAINING INSTRUCTIONS

Please read all application questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request the documentation be submitted directly to the Board office at the address above. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure. THE APPLICATION FEE IS NON-REFUNDABLE. All returned checks are subject to a \$20.00 fee.

CHECKLIST FOR EXAM FOR THOSE WHO HAVE NOT GRADUATED

Use this form if you are applying to take the FG exam prior to graduation. If you are applying for licensure by mutual recognition based on a license, certification or registration from another state, or for the PG Exam, please use the form entitled "Application for the PG Exam or Mutual Recognition."

Transcripts showing thirty (30) semester units or equivalent quarter units in courses in geological science leading to a degree in the geological sciences of which at least twenty-four (24) units are in third or fourth year, and/or graduate courses

Complete application including fees in the amount of \$120.00 (\$100.00 application fee and \$20.00 permit certificate fee - check made out to DOPL)
 Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license is acceptable
 Complete References Addendum

Three Reference Forms

Complete Education Addendum

Signed Code of Ethics

NOTE: The Board now allows applicants to take the FG exam prior to graduation. Transcripts showing thirty (30) semester units or equivalent quarter units in courses in geological science leading to a degree in the geological sciences of which at least twenty-four (24) units are in third or fourth year, and/or graduate courses must be received directly from the college or university to take the exam. Once the exam has been passed, this office must receive the final official transcripts showing your degree directly from the college or university registrar for the Geologist in Training Permit to be issued.

CHECKLIST FOR EXAM AND PERMIT FOR THOSE WHO HAVE GRADUATED

Final transcripts received directly from the college or university showing the degree awarded

Complete application including fees in the amount of \$120.00 (\$100.00 application fee and \$20.00 permit certificate fee - check made out to DOPL) Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license is acceptable Three Reference Forms

Complete Education Addendum

Signed Code of Ethics

EXAMS

The National ASBOG (Association of State Boards of Geology) examination is administered each spring and fall. All applications and fees must be received by the Board at least ninety (90) days prior to the examination date. The schedule for the ASBOG examinations can be found at https:// dopl.idaho.gov. Late and/or incomplete applications will be put on file for the following examination. The Board encourages you to allow adequate time for transcripts and references to be received. Information and examination dates concerning ASBOG can be found at: http://www.asbog.org.

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current medical documentation identifying your disability and supporting the need for the accommodations being requested.

You must be registered to practice. The Idaho Board of Registration of Professional Geologists Laws and Rules may be downloaded at: https://dopl.idaho.gov.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see Idaho Code §§ 67-9401-9407. Additionally, active members of the military negative description of the military and here and the processing of your application and credit for military training that is see Idaho Code §§ 67-9401-9407. Additionally, active members of

the military may be eligible for a waiver of renewal fees and other renewal requirements, see Idaho Code § 67-2602A.

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

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Phone: (208) 334-3233 Website: https://dopl.idaho.gov
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APPLICATION FOR FUNDAMENTALS OF GEOLOGY EXAM AND GEOLOGIST IN TRAINING PERMIT

Please complete this form by providing the requested information (please print - note the attached instructions). Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted above. I hereby make application for licensure by: (Check the box(es) that apply for this application)

[] FG EXAM PRIOR TO GRADUATION [] FG EXAM POST GRADUATION

Please select your preferred location to sit for the exam. [] Boise [] North Idaho [] South Eastern Idaho

1. Full Name (Mr., Mrs., or Ms.	1.	Full Name	(Mr	Mrs	or Ms.)
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2.	Address of Record					
	(The above address is a public record.)	Street	C	ity	State	Zip
3.	Mailing Address					
	(Will be used as address of record if none provided abov	ve.) Street/PO Box	Cit	ý	State	Zip
1.	Birth Date / / /		No. / / //			
	(Proof of age – a clear and readable color copy of a gov	*				*
5.	Business Phone () (The above phone number is a public record.)	Other Phone ()	E-m	ail		
	(The above phone number is a public record.)	(The above information is n	ot a public record.)			
5.	Are you or your spouse an active member	or honorably discharg	ed veteran of the Un	ited States A	rmed Services?	•
	(To utilize experience or education gained in the militar	y to qualify you for this licens	e/registration, please attacl	n a copy of your	DD-214.) () Yes	() No
7.	Have you received your baccalaureate deg (If yes, complete Section B, if no, complete Section A.)	ree?			() Yes	() No
	completed the required coursework and no of any given year, may be eligible for exam	ination immediately p	receding the date of	graduation.		
	I have completed thirty (30) semester units o of which at least twenty-four (24) units are the	nird or fourth year, and/o	or graduate courses. I	expect to gra	duate from	0
	on	he school registrar befor	e your application wi	ll be complet	e.)	·
3.	Baccalaureate degree from		on	in		
						ogram
	(This office must receive final official college transcript		-	-		
	Master's degree from		on	in		· · · · · · · · · · · · · · · · · · ·
	(This office must receive final official college transcript	Institution s directly from the school regi	Da strar before your GIT Pern	te nit will be proces	Major or Pro	ogram
	Doctoral degree from	Institution	On Da	te 111	Major or Pro	gram
	(This office must receive official college transcripts dire	ctly from the school registrar	before your GIT Permit wi	ll be processed)	2	-

APPLICATION FOR FUNDAMENTALS OF GEOLOGY EXAM AND GEOLOGIST IN TRAINING PERMIT (continued)

A minimum of (30) credit hours of course work in geology or related science courses or graduate level courses must be documented; with at least 24 credit hours obtained in the third or fourth year. (Geoscience credit only).

College	Course Name	Course #	Credits		College	Course Name	Course #	Credits
			Geoscience					Geoscience
State major field of study at highest level of college work:								
	Applicant	's Summary	of Total Hou	ırs				
			Total Hours					
0 H								

 8. Have you passed the National ASBOG Examination? If yes, which parts? (If Yes, official scores must be received by this office directly from the issuing entity before your application will be processed.) 	() Yes () FG	() No () PG
9. Are you currently or have you ever been licensed/registered/certified in any other state(s)? (If Yes, certification of licensure(s) must be received directly from the issuing authority before your application will be processed.)	() Yes	() No

10. Have you ever had a license or certification revoked, suspended or otherwise sanctioned?	() Yes	() No
(If Yes, a copy of the charges and the final order must be attached or on file with the Board. A Yes response DOES NOT constitute inel	ligibility.)	

11. Have you ever been convicted of, found guilty, received a withheld judgment or suspended sentence in this or any other state of action constituting a felony or of a crime involving moral turpitude? () Yes () No

(If Yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant	
State of, County of	, ss.
Subscribed and sworn before me this day of	, 20
(seal)	Notary Public Official Signature My Commission Expires

(continued)

CODE OF ETHICS ADDENDUM

THIS COMPLETED ADDENDUM MUST ACCOMPANY THE APPLICATION

Geology is a profession, and the privilege of professional practice requires morality and responsibility, as well as professional knowledge, on the part of each practitioner. Each registered professional geologist shall be guided by the highest standards of business ethics, personal honor and professional conduct.

With regard for the geologic profession and recognizing in the Code of Ethics a set of dynamic principles to guide their services to others, and with full knowledge of the responsibility of geologists to safeguard health, safety, and public welfare, a registered geologist:

- 1. Brings credit, honor and dignity to the geologic profession in his dealings with clients, other geologists, and the public.
- 2. Acts for others as a faithful agent or trustee and accepts remuneration only in accordance with his stated charges for services rendered.
- 3. Exchanges non-confidential geologic information with other geologists, students, and the public; encourages the public understanding of geology, and ensures proper credit for geologic work.
- 4. Does not reveal nor seek the revelation of geologic work performed for a paying client.
- 5. Does not advertise or solicit geologic work assignments in a fraudulent, misleading or deceptive manner.
- 6. Promptly reports to the Board unethical conduct on the part of any geologist.
- 7. Undertakes professional service or renders expert opinion only when qualified in the specific technical areas involved.

Acknowledged and subscribed to:

Signature of Applicant

Adopted by the Board September 11, 1971 Amended May 1, 2004

Sign and return this form with your completed application forms.

(continued)

PROFESSIONAL REFERENCE ADDENDUM

THIS COMPLETED ADDENDUM MUST ACCOMPANY THE APPLICATION

All applicants are required to supply professional references that can attest to the professional and ethical qualifications of those applying for a **GEOLOGIST IN TRAINING PERMIT** in the STATE OF IDAHO.

Note: Make a sufficient number of copies of the Professional Reference Request Form on the following page to send to each of your references. Keep a blank Professional Reference Request Form for your future use in the event a reference does not respond. Reference Request Forms received from applicants are not acceptable. They must come directly from the reference.

List the names of (3) three responsible professional geologists who are familiar with your work in geology. (It is suggested that one of the references be an immediate supervisor, associate or department head.) Applicants for the Fundamentals of Geology examination may fulfill this requirement with reference statements from geologists in Responsible Positions familiar with the ability and character of the Applicant as demonstrated in an academic setting.

PROFESSIONAL REFERENCES

NAME	ADDRESS	POSITION

APPLICATION FOR FUNDAMENTALS OF GEOLOGY EXAM AND GEOLOGIST IN TRAINING PERMIT

(continued)

PROFESSIONAL REFERENCE REQUEST FORM (Top portion to be filled in by applicant)

Professional

You are requested to submit a this professional refer REGISTRATION FOR PROFESSIONAL GEOLOG					
geo@dopl.idaho.gov.	,	, ,			
If for any reason you feel the applicant should not be state why registration should not be extended to this		stration, unde	r the laws of the	he State of I	Idaho, it is your duty to
Applicant					
Address					
City	State		Zip Code		
	(This section to be filled	in by reference)			
My relation to the applicant has been as () Em () Other (describe)			Co-worker () Subordii	nate
Applicant's Qualifications		Excellent	Good	Poor	No Opinion
Professional Attitude					•
Reputation and Character					
Quality of Geologic Work					
Full Utilization of Technical Training					
Effort To Keep Current in This Field					
Ability To Make Sound Geologic Decisions					
I personally have knowledge of applicant's experien (total months) while he/she worked for	Company	as a	Positi	to on	
I () do consider the applicant to be qualified for reg I () do not consider the applicant to be qualified fo					
Name (please print)	Sig	nature			
Position					
License/Registration State					
License/Registration #					
License/Registration # License/Registration Expiration Date					
Telephone	,				
E moil					
E-mail					