

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: <https://dopl.idaho.gov>

E-mail: geo@dopl.idaho.gov

APPLICATION FOR GEOLOGIST REGISTRATION BY PG EXAM or MUTUAL RECOGNITION 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 that documentation be submitted directly to the Board office. 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 the issuing authority) will delay licensure.** THE APPLICATION FEE IS NON-REFUNDABLE. All returned checks are subject to a \$20.00 fee. 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>.

MUTUAL RECOGNITION CHECKLIST

This checklist is for those applicants who hold a license/registration as a professional geologist in another state or jurisdiction. This checklist is meant to be a guide to ensure the application is complete and make it possible for the Board Staff to process your application without delay.

- Transcripts received directly from the college or university
- Complete application including fees in the amount of \$120.00 (\$100.00 application fee and \$20.00 original registration certification 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 Work Experience Addendum
- Complete Education Addendum
- Signed Code of Ethics
- Verification(s) of licensure/Registration and exam scores from the issuing state(s) or foreign jurisdiction sent directly to the Division

PG EXAM CHECKLIST

This checklist is meant to be a guide to ensure the application is complete and make it possible for the Board Staff to process your application without delay. NOTE: Use this application if you are applying to take the PG exam or both the FG and PG exams. If you are applying to take only the FG exam, please fill out the Application for Fundamentals of Geology Exam and Geologist In Training Permit Application.

- Transcripts received directly from the college or university
- Complete application including fees in the amount of \$120.00 (\$100.00 application fee and \$20.00 original registration certification 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 Work Experience Addendum
- 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.

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 may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

- To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.

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.

APPLICATION FOR GEOLOGIST REGISTRATION

(continued)

12. Have you passed the National ASBOG Examination?

() Yes () No

If yes, which parts?

() FG () PG

(If Yes, official scores must be received by this office directly from the issuing entity before your application will be processed.)

13. Are you currently or have you ever been licensed/registered/certified in any other state(s)?

() Yes () No

(If Yes, certification of licensure(s) must be received directly from the issuing authority before your application will be processed.)

REGISTRATION/LICENSURE

State of Registration	Year First Issued	License Number	Active (Y/N)	Type of License (GIT, PG, etc.)	Registration granted by: {please check appropriate box(es)}
					<input type="checkbox"/> Exam <input type="checkbox"/> Grand-fathered <input type="checkbox"/> Endorsement
					<input type="checkbox"/> Exam <input type="checkbox"/> Grand-fathered <input type="checkbox"/> Endorsement
					<input type="checkbox"/> Exam <input type="checkbox"/> Grand-fathered <input type="checkbox"/> Endorsement
					<input type="checkbox"/> Exam <input type="checkbox"/> Grand-fathered <input type="checkbox"/> Endorsement

14. 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 ineligibility.)

15. 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 _____

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.

APPLICATION FOR GEOLOGIST REGISTRATION

(continued)

WORK EXPERIENCE ADDENDUM

THIS COMPLETED ADDENDUM MUST ACCOMPANY THE APPLICATION

You must have at least (7) seven years of geological work which shall include either a minimum of three (3) years of professional geological work under supervision of a registered geologists; or, wherein the applicant has been under the direct supervision of an individual acceptable to the board, or, wherein the applicant has demonstrated five (5) years of progressive experience in responsible charge of geological work that is acceptable to the board.

(List most recent first)

WORK EXPERIENCE

ENGAGEMENT NO.	DATES		TOTAL MONTHS	COMPANY: _____ ADDRESS: _____ SUPERVISOR: _____
	From	Present		

SUMMARY OF ENGAGEMENT:

WORK EXPERIENCE

ENGAGEMENT NO.	DATES		TOTAL MONTHS	COMPANY: _____ ADDRESS: _____ SUPERVISOR: _____
	From	To		

SUMMARY OF ENGAGEMENT:

WORK EXPERIENCE

ENGAGEMENT NO.	DATES		TOTAL MONTHS	COMPANY: _____ ADDRESS: _____ SUPERVISOR: _____
	From	To		

SUMMARY OF ENGAGEMENT:

APPLICATION FOR GEOLOGIST REGISTRATION
(continued)

ADDITIONAL WORK EXPERIENCE ADDENDUM

ONLY ATTACH THIS ADDENDUM IF NEEDED

Some additional experience may be considered for work experience. List any additional number of years in: (1) undergraduate study in the geosciences; (2) graduate study or research, and; (3) teaching college Geosciences, which could count as additional qualifying experience under Idaho Code § 54-2812 (c).

College or University	<i>Attendance</i>			<u>Board use only</u>
Name and Location of Institution	Undergraduate Study (Months)	Graduate Study or Research (Months)	Teaching (Months)	Rating Factor
Applicant's Summary of Total Months				
Board's Summary of Total Months				

APPLICATION FOR GEOLOGIST REGISTRATION
(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.

APPLICATION FOR GEOLOGIST REGISTRATION
(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 whom are applying for registration as a **PROFESSIONAL GEOLOGIST** in the STATE OF IDAHO. All references must come from a Geologist in a responsible position.

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 as a geologist. (It is suggested that one of the references be an immediate supervisor, associate or department head.)

PROFESSIONAL REFERENCES

NAME	ADDRESS	POSITION

APPLICATION FOR GEOLOGIST REGISTRATION
 (continued)
PROFESSIONAL REFERENCE REQUEST FORM
 (Top portion to be filled in by applicant)

Professional

You are requested to submit this professional reference request form on behalf of the applicant to the IDAHO STATE BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS, PO Box 83720, Boise, ID 83720-0063 or email to GEO@dopl.idaho.gov. If for any reason you feel the applicant should not be considered for registration, under the laws of the State of Idaho, it is your duty to state why registration should not be extended to this applicant.

Applicant _____

Address _____

City _____ State _____ Zip Code _____

(This section to be filled in by reference)

My relation to the applicant has been as () Employer () Superior () Co-worker () Subordinate
 () Other (describe) _____

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 experience in a responsible position from _____ to _____
 (total months) while he/she worked for _____ as a _____
Company Position

In this responsible position, the applicant performed the following type of work:

I () do consider the applicant to be qualified for registration as a professional geologist.
 I () do not consider the applicant to be qualified for registration as a professional geologist.

Name (please print) _____ Signature _____

Position _____
 License/Registration State _____
 License/Registration # _____
 License/Registration Expiration Date _____
 Telephone _____
 E-mail _____