



**EDUCATION AND EXAMINATIONS**

10. College or University. Specify geology credits in semester or quarter hours. **Arrange for an official transcript to be sent directly from your college or university to the Board office.**

Name: \_\_\_\_\_  
Location \_\_\_\_\_  
Attendance: From \_\_\_\_\_ To \_\_\_\_\_ Major \_\_\_\_\_  
Geology Credits \_\_\_\_\_ Degree \_\_\_\_\_ Date Received \_\_\_\_\_

Name: \_\_\_\_\_  
Location \_\_\_\_\_  
Attendance: From \_\_\_\_\_ To \_\_\_\_\_ Major \_\_\_\_\_  
Geology Credits \_\_\_\_\_ Degree \_\_\_\_\_ Date Received \_\_\_\_\_

Name: \_\_\_\_\_  
Location \_\_\_\_\_  
Attendance: From \_\_\_\_\_ To \_\_\_\_\_ Major \_\_\_\_\_  
Geology Credits \_\_\_\_\_ Degree \_\_\_\_\_ Date Received \_\_\_\_\_

11. If you were licensed in the state through which you are applying for reciprocity **AFTER June 17, 1998\***, submit verified ASBOG test scores below:

Fundamental Score \_\_\_\_\_ Date Taken \_\_\_\_\_ In which state was this taken? \_\_\_\_\_  
Practice Score \_\_\_\_\_ Date Taken \_\_\_\_\_ In which state was this taken? \_\_\_\_\_

**\*If you were licensed BEFORE June 17, 1998, you do not need the ASBOG exam provided your license is in good standing. If you were licensed AFTER June 17, 1998, please contact the Board office to arrange to take the ASBOG examination.**

**PROFESSIONAL EXPERIENCE AND REFERENCES**

12. List work experience for *a minimum of the previous two years* as described in 24 Del. C. §3609 (4). Start with present position and proceed in reverse chronological order. Show supervisor's address if different from that of the employer. Be brief but supply pertinent facts concerning the degree of responsibility and nature of the geological decisions you have made. Use additional sheets if necessary.

No. of Years: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of Years: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of Years: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. List the names of at least two persons, preferably licensed professionals with a geology background, who are familiar with your work as a geologist *in the jurisdiction from which you are applying* and will provide professional experience references on your behalf. References must use *Professional Experience Reference* forms (available at <http://www.dpr.delaware.gov/boards/geology/index.shtml>) and submit them directly to the Board. Make sure these persons will document a minimum of two years of work experience shown in question 12 above in the jurisdiction in which you are applying.

a. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name First Name  
 Address \_\_\_\_\_  
Street City State Zip

b. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name First Name  
 Address \_\_\_\_\_  
Street City State Zip

c. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name First Name  
 Address \_\_\_\_\_  
Street City State Zip

**DISCLOSURES**

- 14. Are any unresolved complaints pending against you in any jurisdiction? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
- 15. Have you ever had your license to practice geology suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
- 16. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any for which you have received a pardon, in any jurisdiction? Yes  No  **If yes, submit a certified copy of your criminal history record.**
- 17. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)?  
 Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
- 18. Do you have any impairment related to drugs or alcohol that would limit your practice of Geology?  
 Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

