



# 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 Mo. & Yr.
	From	To		Total Crd. Hrs (Sem./Qtr. Hrs)	Degree	

## 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. (See note below)
- Seven (7) years or longer of professional geologic work not in the above

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 

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 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

Note: If applying under the provision of having worked five (5) years under a LPG, your references should be licensed professional geologists.

**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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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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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