Professional Geologist Form 4

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Report of Professional Experience

Applicant Instructions

If you have completed experience required for licensure, complete this form (make a copy for your records) and submit it directly to the Office of the Professions at the address at the end of this form. Be sure to sign and date item 6. If your endorser is/was not your immediate supervisor, refer to "Instructions for Completing Professional Experience Record" available on our web site at www.op.nysed.gov/prof/geo. Please type or print legibly. Make additional copies as necessary.

1 **Social Security Number**
(Leave this blank if you do not have a U.S. Social Security Number)

2 **Birth Date** Month Day Year

3 **Print Name as It Appears on Your Application for Licensure (Form 1)**

Last
First
Middle

Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.

4 **Mailing Address:** ☐ **Home or** ☐ **Business**
(You must notify the Department within 30 days of any address or name changes.)

Line 1
Line 2
Line 3
City
State Zip Code
Country/ Province

5 **Telephone/E-mail Address**

Daytime phone ☐ **Home or** ☐ **Business**
Area Code Phone

E-mail Address (please print clearly) ☐ **Home or** ☐ **Business**

6 **Attestation**

I hereby certify that the work experience described on this form and the time claimed for that experience are true and accurate.

Applicant's Signature

Date

Professional Experience

Are you applying for exam/licensure with more than twelve (12) years experience? ☐ **Yes** ☐ **No**

Employment

List below all places of employment in chronological order beginning with your first employment for which experience is being claimed. Attach additional sheets if needed. You must submit a separate Verification of Professional Experience (Form 4A) for each employment listed. Your application will not be reviewed by the Board until a Form 4A for each employer has been received.

Endorser Number	Firm Name	Name of Endorser	Begin Date/End Date	Time Claimed Years/Months
1.	_____	_____	_____ / _____ / _____ to _____ / _____ / _____ mo. day yr. mo. day yr.	_____ / _____ Years Months
2.	_____	_____	_____ / _____ / _____ to _____ / _____ / _____ mo. day yr. mo. day yr.	_____ / _____ Years Months
3.	_____	_____	_____ / _____ / _____ to _____ / _____ / _____ mo. day yr. mo. day yr.	_____ / _____ Years Months
4.	_____	_____	_____ / _____ / _____ to _____ / _____ / _____ mo. day yr. mo. day yr.	_____ / _____ Years Months
5.	_____	_____	_____ / _____ / _____ to _____ / _____ / _____ mo. day yr. mo. day yr.	_____ / _____ Years Months
6.	_____	_____	_____ / _____ / _____ to _____ / _____ / _____ mo. day yr. mo. day yr.	_____ / _____ Years Months
7.	_____	_____	_____ / _____ / _____ to _____ / _____ / _____ mo. day yr. mo. day yr.	_____ / _____ Years Months
8.	_____	_____	_____ / _____ / _____ to _____ / _____ / _____ mo. day yr. mo. day yr.	_____ / _____ Years Months
8.	_____	_____	_____ / _____ / _____ to _____ / _____ / _____ mo. day yr. mo. day yr.	_____ / _____ Years Months
10.	_____	_____	_____ / _____ / _____ to _____ / _____ / _____ mo. day yr. mo. day yr.	_____ / _____ Years Months
11.	_____	_____	_____ / _____ / _____ to _____ / _____ / _____ mo. day yr. mo. day yr.	_____ / _____ Years Months

(Note: Total time claimed cannot exceed calender time) Total Time Claimed = _____ / _____
Years Months

Return Directly to: **New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Professional Geology Unit, 89 Washington Avenue, Albany, NY 12234-1000.**