BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS
IDAHO BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063
Phone: (208)-334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-mail: geo@ibol.idaho.gov

APPLICATION FOR FUNDAMENTALS OF GEOLOGY EXAM AND GEOLOGIST IN TRAINING PERMIT

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. 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
- ☐ Fees in the amount of $270 ($100.00 application fee; $20.00 permit certificate fee and $150.00 for the Fundamental examination fee - check made out to IBOL)
- ☐ Complete References Addendum
- ☐ Three Reference Forms along with three separate letters of recommendation from your references
- ☐ 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
- ☐ Fees in the amount of $270 ($100.00 application fee; $20.00 permit certificate fee and $150.00 for the Fundamental examination fee - check made out to IBOL)
- ☐ Three Reference Forms along with three separate letters of recommendation from your references
- ☐ Complete Education Addendum
- ☐ Signed Code of Ethics

EXAMS

The Idaho Board will be giving the National ASBOG (Association of State Boards of Geology) examination each spring and fall. All applications and fees must be received at least ninety (90) days prior to the examination date. The schedule for the ASBOG examinations can be found at www.ibol.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.

The Idaho Board of Registration of Professional Geologists Laws and Rules may be downloaded at: www.ibol.idaho.gov.

NOTICE

NOTE: ANY PRACTICE OF GEOLOGY PRIOR TO OBTAINING A VALID PROFESSIONAL REGISTRATION IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE.

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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**

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
(The above address is public record) Street City State Zip

3. Mailing Address_____
(Will be used as address of record if none provided above) Street/PO Box City State Zip

4. Birth Date: _____ **Place of Birth**_____ **SS#** _____
mm-dd-yyyy
Proof of birth date must be attached. (A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable for proof of age.)

5. Business phone _____ **Other** _____ **E-mail** _____
(The above phone number is public record) (The above information is not public record)

6. Have you received your baccalaureate degree? ☐ **Yes** ☐ **No**
(If yes, complete Section B, if no, complete Section A.)

A. If you have not yet received your degree, you can still take the exam if you have completed 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. Applicants who can satisfy the Board that they will have completed the required coursework and number of units and will be graduating at the end of the spring, summer or fall terms of any given year, may be eligible for examination immediately preceding the date of graduation.

I have completed thirty (30) semester units or equivalent quarter units in geological science leading to a degree in geological science of which at least twenty four (24) units are third or fourth year, and/or graduate courses. I expect to graduate from _____ on _____(mm/yy) with a baccalaureate degree in _____.
(Transcripts must be received directly from the school registrar before your application will be complete.)

B. Baccalaureate degree from _____ on _____ in _____
Institution date major or program
(This office must receive a final official college transcripts directly from the school registrar before your GIT Permit will be processed)

Masters degree from _____ on _____ in _____
Institution date major or program
(This office must receive a final official college transcripts directly from the school registrar before your GIT Permit will be processed)

Doctoral degree from _____ on _____ in _____
Institution date major or program
(This office must receive official college transcripts directly from the school registrar before your GIT Permit will be processed)

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** *Geoscience*		**College**	**Course Name**	**Course #**	**Credits** Geoscience
State major field of study at highest level of college work:								

Applicant's Summary of Total Hours	
Board's Summary of Total Hours	

10. 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.)

11. 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.)

12. 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.)

13. Have you ever been convicted of any State or Federal felony? ☐ **Yes** ☐ **No**

(If Yes, a detailed statement, summary of charges, final order, probation or parole documentation, and any other relevant information must be received before your application will be processed. A Yes response DOES NOT constitute ineligibility.)

AFFIDAVIT

I hereby certify under oath, that I am the person named on this application and; that I am a United States citizen or otherwise lawfully present in the United States and; that all statements herein and on the attached addendum(s) and documentation are true and correct to the best of my knowledge; and that I have read and will conform to the Laws and Rules and Code of Ethics governing the profession for which I am seeking authority to practice and; I hereby agree that any violation of this affidavit or any of the laws or rules shall constitute cause sufficient for denial, suspension, cancellation or revocation of any authority that may be granted to me. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational 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 for which I am applying. I also hereby authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested by about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

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_____

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.

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. In addition to the Reference Request Form, you should send each of your references a stamped envelope on which you have placed the Board address. Reference Request Forms received from applicants are not acceptable. They must come directly from the reference.

Professional references must be accompanied by a letter and the reference form.

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**

PROFESSIONAL REFERENCE REQUEST FORM

(Top portion to be filled in by applicant)

Professional
You are requested to submit a letter of recommendation on behalf of the applicant to the IDAHO STATE BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS, PO Box 83720, Boise, ID 83720-0063. 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: Please send this form to three (3) references. This form should accompany each letter from geologists in responsible positions.

Applicant _____

Address _____

(City) _____ (State) _____ (Zip Code) _____

(This section to be filled in by reference)

Professional: This form is to accompany your letter of recommendation concerning the professional qualifications of the applicant seeking registration. The letter of recommendation can be written on the back of this form or on a separate sheet.

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.

Name (please print) _____ Signature _____

Position _____
License/Registration State_____
License/Registration # _____
License/Registration Expiration Date_____
Telephone _____
Email _____