

Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

ENGINEER-IN-TRAINING APPLICANT APPRAISAL FORM

Applicant's Name:

Date of Birth: / /

Note to Applicant: Provide replies from three (3) registered Professional Engineers having knowledge of your experience. Family members can act as supplemental references in support of an application, but not as one of the 3 required responses. Type or print your name in the box at the top of each form prior to distribution. **Forms must be forwarded by you to this office with your application.**

Instructions: The applicant named above has applied for certification as an Engineer-in-Training to practice in the State of Wisconsin. To assist the Board in reviewing the applicant, we would appreciate your appraisal of the applicant's proficiency as requested below.

1. **I know this applicant:** Very Well Well Slightly Not at all

2. **My contacts with the applicant extend:** From: / / To: / /

3. **These contacts were:** (check all that apply)

- As an associate in engineering work As a student in my classes
 In social or community activities In professional society activities
 Other (specify)

4. **In my opinion the applicant's personal integrity and character:**

Type of Practice	High Grade	Average	Mediocre	Unsatisfactory
Major Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible Charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subordinate Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpretations:

- High Grade:** Performance unquestionably of a professional level demonstrating thorough competence and creative ability.
- Average:** Work not distinguished in content or level but adequate for engineering purposes indicating an ability, under some supervision, to produce workable designs or systems and products.
- Mediocre:** Barely adequate performance, needing careful checking and rather close supervision to meet requirements.
- Unsatisfactory:** Work of poor quality, not up to minimum professional standards. Requires review and revision by associates or supervisors before execution. Inadequate for "the purpose of safeguarding life, health, and property."

5. **Registration in Wisconsin is not by classification of any branch of engineering practice. To assist the Board in evaluating this applicant, indicate the category(s) in which you have knowledge of the applicant's experience.** (check all that apply)

- Civil Electronic Metallurgical Structural Chemical
 Mechanical Industrial Other

6. In my opinion, this applicant is qualified to be certified as an Engineer-in-Training. Yes No

7. Provide comments on your overall recommendation of the applicant. (This section must be completed.)

8. The information on this form is being submitted by:

Name

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Firm

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Title/Position

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Address (street, city, state, zip)

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Daytime Telephone Number

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Signature (Print and Sign Form)

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Date

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Affix seal <u>or</u> Indicate where registered, type of profession, and registration number below: (if applicable)