

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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FAX #: (608) 251-3036
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

PROFESSIONAL SOIL SCIENTISTS SECTION

INFORMATION FOR COMPLETING FUNDAMENTALS AND PRINCIPLES AND PRACTICE EXAMINATIONS APPLICATION

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Fundamentals and Principles and Practice Examinations (Form #2448)**
2. **Exam Fee(s)** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Experience Record (Form #2392)** - Include as many applicable experience requirements as possible. Provide a complete chronological listing of your background, beginning with your education.
4. **Peer Review Evaluation Form (Form #2849)** (if applicable) – If you have acquired your experience under Wis. Stats. 470.04(4)(c)2 ., submit three (3) peer review evaluations. Complete either the Peer Review Evaluation Form OR Supervised Experience Evaluation Form.
5. **Supervised Experience Evaluation Form (Form #2913)** (if applicable) – If you have acquired your experience under Wis. Stats. 470.04(4) (c)1. or 2., have a supervisor complete this form. Complete either the Peer Review Evaluation Form OR Supervised Experience Evaluation Form.
6. **Official Transcripts** - Official transcripts showing courses taken and degrees received are required. A bachelor's degree is required. **Transcripts must be sent by the college or university to you. Unofficial copies of transcripts are not acceptable.** If you attended more than one school, and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s).
7. **Supplemental Form (Form #2395)** - To reflect the geology courses taken. Transcripts must be submitted to substantiate all courses listed.

Retake Applicants: Submit this form (**Form #2448**) and applicable fee(s) listed on page 1.

Fundamentals Examination: To apply for the fundamentals examination, an applicant must have completed one of the following requirements:

1. Completed at least 24 semester hours or 36 quarter hours of course credit in soil science OR be of not less than second semester senior in a bachelor program meeting the requirements of Wis. Admin. Code § GHSS 4.04;
2. Completed at least four (4) years of experience which has been determined by the Professional Soil Scientist Section to be equivalent to the requirements of Wis. Admin. Code § GHSS 4.04.

Principles and Practice Examination: To apply for the principles and practice examination, an applicant must have completed one of the following method requirements:

Method 1:

1. Completed a bachelor's degree with at least 30 semester hours or 45 quarter hours in soil science meeting the requirements found in Wis. Admin. Code § GHSS 4.04 or have at least five (5) years of professional experience in addition to the qualifying experience which is determined by the Section to be equivalent;
2. Completed at least four (4) years of professional experience in soil science work or completed at least three (3) years of professional experience in soil science work if the applicant has one (1) or more advanced degrees relevant to the practice of professional soil science demonstrating that the applicant is qualified to assume responsible charge of soil science work. At least one (1) year of the qualifying professional experience must have been performed under a supervisor who is a registered professional soil scientist either in this state or in another state, or who is deemed qualified by the section to have responsible charge of soil science work.

Method 2:

1. Have completed a bachelor's degree with at least 30 semester hours or 45 quarter hours in soil science meeting the requirements found in Wis. Admin. Code § GHSS 4.04 or have at least five (5) years of professional experience in addition to the qualifying experience which is determined by the section to be equivalent;
2. Have completed at least six (6) years of professional experience in soil science work or completed at least five (5) years of professional experience in soil science work if the applicant has one (1) or more advanced degrees relevant to the practice of professional soil science demonstrating that the applicant is qualified to assume responsible charge of soil science work. At least one (1) year of the qualifying professional experience must have been performed under a peer review system.

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PROFESSIONAL SOIL SCIENTISTS SECTION
APPLICATION FOR FUNDAMENTALS AND PRINCIPLES AND PRACTICE EXAMINATIONS

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input style="width:95%;" type="text"/>	First Name <input style="width:95%;" type="text"/>	MI <input style="width:95%;" type="text"/>	Former / Maiden Name(s) <input style="width:95%;" type="text"/>
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Address (street, city, state, zip) <input style="width:95%;" type="text"/>	Daytime Telephone Number <input style="width:95%;" type="text"/>
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Mailing Address (if different) <input style="width:95%;" type="text"/>	Date of Birth <input style="width:95%;" type="text"/>
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Social Security # <input style="width:95%;" type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

Have you ever been licensed in Wisconsin as a Soil Scientist? Yes No If yes, list your credential number:

Email Address

Indicate Exam(s) Applying For: Fundamentals Principle and Practice
Indicate Exam Preference: April November

DSPS filing deadline is 60 days prior to exam date. For exact exam dates, go to www.soils.org.

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)

Both Exams (Fundamentals and Principles and Practice Exams)
 \$ 126.00 Fundaments Exam
 \$ 126.00 Principles and Practice Exam
\$ 252.00 Total Fee Attached

\$126.00 Fundamentals Exam Only (not qualified for Principles Exam)

\$126.00 Principles and Practice Exam Only (passed Fundamentals Exam)

\$126.00 Fundamentals Re-exam Fee

\$126.00 Principles and Practice Re-Exam Fee

For Receiving Use Only (112)

Wisconsin Department of Safety and Professional Services

Qualifications: (check one box indicating how you qualify)

- Bachelor's Degree Only (or second semester senior)
- Bachelor's Degree and 4 years of experience with at least 1 year supervised experience
- Bachelor's Degree and 6 years of experience with at least 1 year under peer review system

Education: Official Transcript(s) Required. (Attach additional sheet if necessary.)

College(s) Attended	Degree Received	Date of Graduation	Major

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

APPLICANT CERTIFICATION

I understand that eligibility for examination does not imply eligibility for licensure and that upon successful completion of the examination, additional information will be requested by the Examining Board of Professional Geologists, Hydrologists and Soil Scientists to satisfy requirements outline in Wis. Stats. § 470 and Wis. Admin. Code § GHSS 4.

Under the penalties of perjury, I declare the information contained in this application is true to the best of my knowledge and belief.

Signature:
(Print and Sign Form)

Date: / /

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:
(Print and Sign Form)

Date: / /