Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

PEER REVIEW EVALUATION FORM

Instructions: All applicants applying for registration must submit at least three (3) peer evaluations satisfactory to the Board, completed by a registered professional who has had contact with the applicant's practice and who certifies that the applicant is qualified to assume responsible charge of work. Failure to provide the requested information will result in denial of licensure.

APPLICANT: Complete page 1 of this form and forward to Peer Review Evaluator. Proper completion of this form (**Form#2849**) is required for processing of the application. Any alteration made to the form will void the form.

Last Name	**First Name**	**MI**	**Former / Maiden Name(s)**

Type Credential Applying For:

☐ Geologist ☐ Hydrologist ☐ Soil Scientist

Date __ __ / __ __ / __ __ __ __

Name of Applicant's Employer at Time of Experience	**Dates of Employment (month/year)** From __ __ / __ __ To __ __ / __ __
Business Address of Employer (street, city, state, zip)	**Total Experience (month/year)** From __ __ / __ __ To __ __ / __ __
Name of Supervisor	**Percent of Time (100% if full time)**

Applicant should make explicit statements listing and defining work performed and projects for which he/she had full or partial responsibility, including statement of extent and complexity of work performed. (attach additional sheet(s) if necessary)

Committed to Equal Opportunity in Employment and Licensing

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PEER REVIEW EVALUATOR: Complete page 2 and return directly to DSPS: You may fax/email to: (608) 251-3036 or DSPSCREDGHSSBoard@wisconsin.gov.

The applicant named above has filed an application for licensure with the State of Wisconsin. This registration depends, among other considerations, on the verification of the extent, diversity, and quality of his/her practical training and experience under a licensed professional or persons the Board determines is qualified to have responsible charge of work as described on Page 1 by the applicant. Please assist by supplying the information requested based upon your own personal, first-hand knowledge of the applicant. (attach additional sheet(s) if necessary)

Last Name of Peer Evaluator	**First Name**	**Title**

Name of Firm	**Nature of Current Business**

Address of Firm (street, city, state, zip)

A peer review evaluator must meet the requirements as a professional as stated under Wis. Stats. § 470. Please list your professional certification, credential (license) or registration.

Type	Issuing State or Organization	Credential #	Year Issued

Please verify the work product the applicant described on page 1 of this form. Verify your peer review, the accuracy of the description of what you reviewed, and indicate your evaluation of the applicant's analysis. Include your opinion on the complexity of the problem and the thoroughness of the analysis and application of principles. (attach additional sheet(s) if necessary)

Peer Review Evaluator's Signature	**Date**
	/ /

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