

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
 Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
 Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

### SUPERVISED EXPERIENCE EVALUATION FORM

**Instructions:** All applicants applying for registration must document a minimum of two (2) years of professional work performed under the supervision of a licensed professional or under the supervision of another person whom the Board determines is qualified to have responsible charge of work. This form (**Form #2913**) must be completed by a licensed professional who has supervised or has firsthand knowledge of the applicant's relevant work experience relating to the profession. Failure to provide the requested information will result in denial of licensure.

**APPLICANT: Complete page 1 of this form and forward to Supervisor Evaluator.** Proper completion of this form (**Form#2913**) is required for processing of the application. Any alteration made to the form will void the form.

<b>Last Name</b> <input type="text"/>		<b>First Name</b> <input type="text"/>		<b>MI</b> <input type="text"/>		<b>Former / Maiden Name(s)</b> <input type="text"/>	
<b>Type Credential Applying For:</b> <input type="checkbox"/> Geologist <input type="checkbox"/> Hydrologist <input type="checkbox"/> Soil Scientist						<b>Date</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<b>Name of Applicant's Employer at Time of Experience</b> <input type="text"/>		<b>Dates of Employment (month/year)</b> From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
<b>Business Address of Employer (street, city, state, zip)</b> <input type="text"/>		<b>Total Experience (month/year)</b> From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
<b>Name of Supervisor</b> <input type="text"/>		<b>Percent of Time (100% if full time)</b> <input type="text"/>	

**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)

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# Wisconsin Department of Safety and Professional Services

**SUPERVISOR EVALUATOR: Complete page 2 and return directly to DSPS:** You may fax/email to: (608) 251-3036 or [DSPSCREDDGHSSBoard@wisconsin.gov](mailto:DSPSCREDDGHSSBoard@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)

<b>Last Name of Supervisor Evaluator</b> <input style="width: 95%;" type="text"/>	<b>First Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
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<b>Name of Firm</b> <input style="width: 95%;" type="text"/>	<b>Nature of Current Business</b> <input style="width: 95%;" type="text"/>
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**Address of Firm** (street, city, state, zip)

**A supervisor 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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
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**Please verify the work product the applicant described on page 1 of this form. State your opinion regarding the accuracy of the description, including duration, extent and complexity of work and indicate your evaluation of the applicant's performance.** (attach additional sheet(s) if necessary)

**Are there any items of the described experience which you cannot verify? If so, please explain.**

**Additional Comments (if any)**

<b>Supervisor Evaluator's Signature (Print and Sign Form)</b> <input style="width: 95%; height: 25px;" type="text"/>	<b>Date</b> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
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