The University of the State of New York The State Education Department Office of the Professions Division of Professional Licensing Services www.op.nysed.gov

Geology Form 4 Report of Professional Experience

Applicant Instructions

If you have completed experience required for licensure, complete this form (make a copy for your records) and submit it directly to the Office of the Professions at the address at the end of this form. Be sure to sign and date item 6. If your endorser is/was not your immediate supervisor, refer to "Instructions for Completing Professional Experience Record" available on our web site at https://op.nysed.gov/professional-experience-forms . Please type or print legibly. Make additional copies as necessary.											
1.	Social Security Number (Leave this blank if you do not have a U.S. Social Security Number)										
2.	Birth Date	Month Da	Year								
3.	Print Name	Last									
		First									
		Middle									
<u>Lic</u> ind	ensee business icate business o	address, phone and r home on this form	email address are public information. Failure to or each item will deem it public information.								
4.	Mailing Addre (You must no] Business promptly of any address or name changes)								
	Line 1										
	Line 2										
	Line 3										
	City										
	State	ZIP Code									
	Country/ Province										
5.	Telephone/Em Daytime Phor	1e	Email Address (please print clearly)								
	Area Code	Phone									
6.	New York State (Driver or Non-	e DMV ID Number Driver ID)	(Leave this blank if you do not have a New York State DMV ID Number)								
7.		ing for licensure/eli ars experience?	bility for admission to the Fundamentals of Geology examination with more than 🗌 Yes 🗌	No							
8.	Attestation										
	I hereby certify	y that the work exp	rience described on this form and the time claimed for that experience are true and accurate.								
	Signature		Date								

1.	Firm Name								Name of Endorser			
	Begin Date				End Date				_	Time Claimed		
		mo.	day	yr.		mo.	day	yr.			Years	Months
2.	Firm Name								Name of Endorser			
	Begin Date	mo.	day	yr.	End Date	mo.	day	yr.	_	Time Claimed	Years	Months
3.	Firm Name			-			-	,	Name of Endorser			
	Begin Date				End Date					Time Claimed		
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4.	Firm Name								Name of Endorser			
	Begin Date				End Date					Time Claimed		
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5.	Firm Name								Name of Endorser			
	Begin Date				End Date					Time Claimed		
		mo.	day	yr.		mo.	day	yr.	_		Years	Months
6.	Firm Name								Name of Endorser			
	Begin Date				End Date				_	Time Claimed		
		mo.	day	yr.		mo.	day	yr.			Years	Months
7.	Firm Name								Name of Endorser			
	Begin Date				End Date				_	Time Claimed		Manatha
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3.	Firm Name								Name of Endorser			
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9.	Firm Name								Name of Endorser			
	Begin Date	mo.	day	yr.	End Date	mo.	day	yr.	_	Time Claimed	Years	Months
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10.	Firm Name								Name of Endorser			
	Begin Date	mo.	day	yr.	End Date	mo.	day	yr.	_	Time Claimed	Years	Months
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N/c	ote: Total time	, claim	ed cann		ad calender	time				Total Time Claimed	Years	Months

Employment