The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
<a href="https://www.op.nysed.gov">www.op.nysed.gov</a>

## Geology Form 4A Verification of Professional Experience

## **Applicant Instructions**

Endorser Number (from Form 4):

Complete Section I and II. Section II must be typed or printed legibly. Be sure to sign and date the attestation on page 3. Make a copy for your records and forward all pages of the original form to the supervisor who will endorse your experience and ask that they complete Section III and submit this form directly to the Office of the Professions at the address at the end of the form. A separate Form 4A must be submitted for each individual endorser. If the endorser is/was not your immediate supervisor, refer to "Instructions for Completing Professional Experience Record" available on our web site at <a href="https://op.nysed.gov/professions/geology/instructions-completing-professional-experience-forms">https://op.nysed.gov/professions/geology/instructions-completing-professional-experience-forms</a>. The Department will not accept professional experience endorsed by the applicant. This form will not be accepted if submitted by the applicant.

Section I: Applicant Information													
	-			urity Number 2. Birth Date Month Day Year t have a U.S. Social Security Number)									
3. P	rint Name	e La	st										
		Fir	st										
	Middle							<ol><li>Telephone/Email Address Daytime Phone</li></ol>					
Licens	Licensee business address, phone and email address are public information. Failure to												
	indicate business or home on this form for each item will deem it public information.												
4. Mailing Address  Home or Business Area Code Phone													
(		notify th	ne Depa	rtment w	ithin 30 d	lays of ar	ıy addres	s or nam	e changes)		Email Address Home		
	Line 1												
	Line 2												
	Line 3  6. New York State DMV ID Number (Driver or Non-Driver ID)									nber			
	City									(1	Driver or Non-	Driver iD)	
State ZIP Code (Leave this blank if you do not have a													
	Country/ Province  New York State DMV ID Number)									per)			
7. E	7. Experience Setting												
F	Firm or Organization Name												
В	Business Address												
S	Supervisor												
	Dates of E					ength of Ti	me Part time		Experience Category (Check all categories that apply)				
F	From To			Full	Full Time Part time (less than 35 hours per we				(Check all categories that apply)				
Month (MM)	Year (YYYY)	Month (MM)	Year (YYYY)	Years	Months	Years	Months	Hrs./Wk	Economic Geology	Hydrogeology & Hydrology	Environmental Geology	Water Resources	Engineering Geology

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Section II: Experience Detailed (To Be Completed By The Applicant)	Endorser Number (from Form 4):	Р	age	
Type or print legibly. Attach additional sheets if necessary. Please note: The information provided below, in Section II may be released if requested under New York Public Officers Law, Article 6 - "Freedom of Information Law."			of	
Describe in detail the specific geologic work you personally performed on several projects or job assignments that are represe work you performed while you were employed by the firm/organization named in Section I, item 6. Include a brief description o responsibility and/or authority for the work described for this endorsement. Explain any changes in your title resulting from projob changes during this period of employment. Last, indicate at right, the time you spent on these projects or assignments. The claim cannot exceed actual calendar time. Describe your work in sufficient detail. You must use a separate Form 4A for each i endorser (even if two or more endorsers work in the same firm).				
		Tiı Years	me Months	
Total t	ime this sheet			
			I	

Section II: Experience Detailed (To Be Completed By The Applicant)		Endorser Number (from Form 4):	P	age	
		,			
			of		
			Tir Years	ne Months	
*Be sure you enter the total time of work experience with this endorser here and on the	Total tim	ne this sheet			
appropriate endorser line on Form 4.	= · · · · · · · · · · · · · · · ·				
Attestation					
I hereby certify that the work experience described on this form and the time claimed for that ex	perience is t	rue and accurate.			
	- <del></del>				
Signature	Date				

## Section III: To Be Completed By The Endorser

Geology Unit, 89 Washington Avenue, Albany, NY 12234-1000.

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Endorser Number (from Form 4):

Endorser Instructions (The Department will not accept professional experience endorsed by the applicant.)

- 1. Read carefully the information presented by the applicant on this form and any continuation sheets.
- 2. Complete Section III. Note: The information provided below in Section III, questions 1-8 may be released if requested under New York State Public Officers Law, Article 6 "Freedom of Information Law."
- 3. If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Department relative to the applicant, please submit a separate letter with this form. If you do, please identify the applicant by his/her full name and social security number in your letter and indicate that he/she is an applicant for geology licensure.
- 4. Be sure to sign the Endorser's Affidavit. If you do not sign the Endorser's Affidavit, please explain in a separate letter attached to this form.
- 5. Return the entire form along with any other information directly to the Office of the Professions at the address at the end of the form. Do not return this form to the applicant. **This form will not be accepted if submitted by the applicant.**

Na	ame of the applicant	(see Section I, it	20m 21			
		(See Section I, It	eni 3)			
En	dorser's Name					
Fir	m or Organization Name					
Ро	sition in Firm or Organization					
Cu	ırrent Business Address					
		reet	City	State	Zip Code	
Bu	siness Telephone Number	Business E-mail Address	Business E-mail Address			
Are	e you a Professional Geologist?			Ye	s No	
	If "yes",		Date of licensure			
۸r	Jusridiction e you a Professional Engineer?	License Number	mo.	day yr.	_ s □ No	
^ '	•		Date of licensure		5   110	
	If "yes",	License Number	Date of licensuremo.	day yr.		
	Sandardion	License Ivamber		, ,		
Re	egarding the Applicant's description of profession	nal experience as described on	this form:			
1.	Do you have in-depth knowledge of the applicant's	work during the time covered by	this endorsement?	Ye	s No	
2.	Does the description accurately reflect the work pe	rsonally performed by the applica	ant?	Ye	s No	
3.	Is the time claimed by the applicant for this experie	ence accurate?		Ye	s No	
4.	Was the applicant's work competent, reliable, and	professional?		Ye	s No	
5.	Are/were you the applicant's supervisor during the	time period claimed above?		Ye	s No	
	If "No", please identify your work relationship to the	e applicant at the time				
6.	Are you attaching a separate letter with additional	information about the applicant?		Ye	s No	
7.	Comments					
En	dorser Affidavit					
	ave read the information presented by the applicant					
	e applicant's work and engineering ability and that, ex ork experience described by the applicant and the tim			ed correspond	dence, the	
WC	one expendence described by the applicant and the time	le claimed for it, are generally true	e and accurate.			
En	dorser Signature		 Date			
	int Name					
	·····		I cannot so certify (a	attach letter of	explanation)	
Re	turn Directly to: New York State Education Departr	nent Office of the Professions D	ivision of Professional Licen.	sing Services	Professional	