



STATE OF TENNESSEE
Department of Commerce and Insurance
Professional Geologists Licensing Program
500 James Robertson Parkway
Nashville, TN 37243-1139
615-741-3611
Fax: 615-741-1245
www.tn.gov/commerce/boards/geology

LAW AND RULES

The Laws and Rules can be accessed from the board's homepage. The registration law for geologists is found at Tennessee Code Annotated (TCA), Title 62, Chapter, 36. You may also contact the board office to request a copy of the Laws and Rules, which are subject to change. Before submitting this application, be sure you have met the minimum education, experience and examination requirements for registration, because the application fee is **NON-REFUNDABLE**.

FEES

Please complete the application and attach a check or money order, made payable to the *Tennessee Professional Geologists Licensing Program*, in the amount of \$115.00 (application fee of \$50.00 and registration fee of \$65.00), **which is non-refundable**.

Biennial renewal of certificate of licensure - **\$100.00**

EDUCATION

All applicants applying for a Tennessee Professional Geologist's license must have graduated from an accredited geologic curriculum of four or more years approved by the board. CERTIFIED transcripts (per TCA 62-36-108) must be included with your application.

FORMS

1. APPLICATION
The application must be typewritten or LEGIBLY handwritten in blue or black ink, fully completed, signed, notarized and

accompanied by the requisite documents and fee(s) BEFORE it will be accepted for consideration by the board.

2. **COURSE REPORTING FORM**
The course reporting form must be filled out with the courses listed (taken from your transcripts) for which you want credit. You must be a graduate of an accredited college or university. You must also have successfully completed a minimum of 30 semester or 45 quarter hours of course work in geology, geophysics, geochemistry, engineering geology or their subdivisions.
3. **EMPLOYMENT VERIFICATION**
Provide proof to the board of five years work experience (three years with a master's degree) per TCA 2-36-109(2)(A).
4. **OUT OF STATE VERIFICATION**
All reciprocal applicants must request that an Out of State Verification of Licensure/Examination form be completed and returned directly to the Tennessee board by the reciprocal state.
5. **DISCLOSURE FORM**
Per TCA 62-36-107(a) [Rule 0780-5-7-.04(6)], sole proprietorships, partnerships or corporations that provide geological services as its primary activity in the state of Tennessee shall file with the commissioner, a list of the names and addresses of all resident principals or officers who are licensed as professional geologists in Tennessee and are in responsible charge of the services provided. This form is for firm disclosure only, NOT firm registration. No fee is required.

BOARD CONTACT

If you have questions about any of this information or about your application, call Donna Moulder at 615-741-3611 or send an email to donna.moulder@tn.gov.

Profession Code 2101
Application Code 1030
File Number: _____



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF PROFESSIONAL GEOLOGISTS
500 James Robertson Parkway
Nashville, TN 37243-1139
615-741-3611

APPLICATION FOR LICENSURE AS A PROFESSIONAL GEOLOGIST IN TENNESSEE

Instruction: This form must be written legibly in ink or typewritten. Your application must be accompanied by a check or money order in the amount of \$115.00 and made payable to the Tennessee Board of Professional Geologists. THIS FEE IS NON-REFUNDABLE.

How are you applying? Professional Geologist Reinstatement

1. Full Name: _____

2. Home Address: _____

City/State/Zip: _____

3. Business Name and Address: _____

City/State/Zip: _____

Check Preferred Mailing Address: Residence Business

5. Telephone Number: (Home) _____ (Work) _____

6. E-Mail Address: _____

7. Date of Birth: _____ SSN _____

8. Are you a citizen of the United States: Yes No

9. Have you ever held a registered professional geologist registration/license in Tennessee or elsewhere? Yes No If yes, indicate below: (if more space is needed, attach a separate statement).

TYPE OF LICENSE AND STATE OF LICENSURE	LICENSE NUMBER	DATE ISSUED	EXPIRATION DATE
1.			
2.			
3.			
4.			

10. Are you applying for a license in accordance to a reciprocal agreement with another state?

11. Have you ever been denied a professional or occupational license in this state or any other state or jurisdiction? _____ (If yes, attach a separate statement giving complete details.)
12. Have you ever had a professional or occupational license denied, suspended, revoked, surrendered or have you ever been disciplined by the licensing authorities in this or any other state or jurisdiction? _____ (If yes, attach a separate statement giving complete details.)
13. Have you ever had any other business, professional or occupational license of any type denied, suspended, revoked or surrendered in this or any other state or jurisdiction?
_____ If yes, attach a separate statement giving complete details.)
14. Have you ever been convicted of any felony criminal offense or crime of moral turpitude or is there any criminal charge now pending against you? _____ If yes, attach a separate statement giving complete details.)
15. Include in chronological order attendance at each college or university beyond high school. DO NOT INCLUDE SHORT COURSES OR SEMINARS.

Name and Location of Institute	Attendance		Degree Received	Major	Date of Degree
	From	To			
1.					
2.					
3.					

PROFESSIONAL EXPERIENCE

List in chronological order your professional experience starting with the most recent position. Be brief but supply pertinent facts concerning the degree of responsibility and nature of the geological decisions you have made. Additional sheets may be used if necessary.

Position Number _____	Position Title _____
Dates of Employment: _____ to _____	
Employer Name _____	
Employer Address _____	
Name of Your Immediate Supervisor _____	
Is Supervisor a licensed professional geologist? _____ License # _____	
DESCRIBE YOUR MAJOR DUTIES/JOB RESPONSIBILITIES BELOW	

Total Number of Months	

Position Number _____	Position Title _____
Dates of Employment: _____ to _____	
Employer Name _____	
Employer Address _____	
Name of Your Immediate Supervisor _____	
Is Supervisor a licensed professional geologist? _____ License # _____	
DESCRIBE YOUR MAJOR DUTIES/JOB RESPONSIBILITIES BELOW	

Total Number of Months	

Position Number _____ Position Title _____

Dates of Employment: _____ to _____

Employer Name _____

Employer Address _____

Name of Your Immediate Supervisor _____

Is Supervisor a licensed professional geologist? _____ License # _____

DESCRIBE YOUR MAJOR DUTIES/JOB RESPONSIBILITIES BELOW

Total Number of Months

Position Number _____ Position Title _____

Dates of Employment: _____ to _____

Employer Name _____

Employer Address _____

Name of Your Immediate Supervisor _____

Is Supervisor a licensed professional geologist? _____ License # _____

DESCRIBE YOUR MAJOR DUTIES/JOB RESPONSIBILITIES BELOW

Total Number of Months

16. Have you read and understand the Tennessee Geologist Law and the Rules and Regulations of the Board? _____

ALL INFORMATION IN THIS DOCUMENT IS A PUBLIC RECORD SUBJECT TO DISCLOSURE PURSUANT TO THE TENNESSEE FREEDOM OF INFORMATION ACT, EXCEPT ITEMS DESIGNATED WITH THIS SYMBOL (*).

This affidavit is to be executed by applicant before a notary public:

The undersigned, in making this application to the Tennessee Board of Professional Geologists, swears (of affirms) that he/she is the applicant named herein and that the answers and information contained herein are true to best of his/her knowledge and belief.

Print Name of Applicant

Applicant's Signature

Date

Sworn and subscribed to before me this _____ day of

_____, 20 _____.

Notary Public

My Commission Expires: _____



STATE OF TENNESSEE
Department of Commerce and Insurance
Board of Professional Geologists
500 James Robertson Pkwy
Nashville, TN 37243-1139
615-741-3611

EMPLOYMENT VERIFICATION

TO BE COMPLETED BY APPLICANT:

Name: _____

Social Security Number: _____

TO BE COMPLETED BY EMPLOYER:

1. Name of Firm: _____

Business Mailing Address: _____

Business Phone: _____ Fax: _____

Email Address: _____

2. Immediate Supervisor of Applicant: _____

Title of Immediate Supervisor: _____

Are you a licensed geologist? _____

If Licensed Geologist: License Number: _____

State of Licensure: _____

3. Job Title(s) of Applicant: _____

(Attach a separate sheet if additional space is needed)

4. Describe type of work performed: _____

5. Principle Business of Firm: _____

6. Average Hours Worked Per Week: _____

7. Total Years Worked: _____ Full Time: _____ Part Time: _____

8. Employment Date: From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Print Name of Individual Completing Form

Title

Signature of Individual Completing Form

Date

Telephone

Please submit this form to: Tennessee Board of Professional Geologists
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243-1139



STATE OF TENNESSEE
 Board of Professional Geologists
 500 James Robertson Parkway
 Nashville, TN 37243-1139
 615-741-3611
 Fax : 615-741-1245

VERIFICATION OF EXAMINATIONS AND/OR LICENSURE FOR GEOLOGISTS

NOTE TO APPLICANTS: If you are NOT licensed to practice geology in another state, you may disregard this form.

TO:	FROM: Tennessee Board of Professional Geologists 500 James Robertson Parkway Nashville, TN 37243-1139
------------	---

APPLICANTS: COMPLETE SECTION I of this form and forward it to the state board or regulatory agency verifying your licensure or exams. If you took exams in more than one state, you should request verification from each state maintaining exam records for you. You may photocopy this form if necessary. The verifying agency will send this completed form directly to our office. It may be helpful if you would include an envelope addressed to our office using the address listed at the top of this form.

VERIFYING AGENCY: COMPLETE SECTION II for exams or licensure held in your jurisdiction by the individual referenced in Section I. Return the form directly to the Tennessee Board using the address or fax number listed at the top of this form. You may also email the form to donna.moulder@tn.gov

SECTION I – APPLICANTS

Name	Type of License	Daytime Telephone Number
Address	License Number	I hereby request written release of related examination records to the State of Tennessee
City, State, Zip	Social Security Number	Sign & Date

SECTION II – VERIFYING AGENCY

License held in your State	License Number	Date Issued	Expiration Date
----------------------------	----------------	-------------	-----------------

	Hours	ASBOG (Yes or No)	Results	Exam Date
Fundamentals of Geology				
Principles of Geology				
Fundamentals of Geology exam accepted from				
Comity				

Has this applicant been subject to any disciplinary action or pending legal action that could affect his professional status in this state? (if yes, please attach an explanation.) YES NO

I CERTIFY THAT THE INFORMATION CONTAINED HERE IN TRUE AND CORRECT ACCORDING TO THE OFFICIAL RECORDS OF THIS STATE.

State _____

Signature/Title _____

board seal

Date	Telephone Number
------	------------------



Sole Proprietorship, Partnership or Corporation Disclosure

Required per Rule 0780-5-7.-04(6)

A sole proprietorship, partnership or corporation that provides geological services as its primary activity shall file, with the commissioner, a list of the names and addresses of all resident principals or officers who are licensed as professional geologists in Tennessee and are in responsible charge of the services provided. For the purposes of the above-mentioned rule, the term "geological services" means the same as provided in TCA 62-36-103 under the term "practice of geology."

Applicant's Name _____ Birthdate _____

A. Name of Firm: _____

This firm is (please check one): Sole Proprietorship _____ Partnership _____
Corporation _____ None _____ Other (please explain) _____

Address of the firm office: _____

Telephone Number _____ Fax Number _____

Website Address _____ Firm's Email Address _____

B. Names, Titles, Addresses of all officers and/or principals. Include Tennessee license numbers for those holding Tennessee Professional Geologists licenses (attach additional sheet if necessary).

C. I am the active, full-time Tennessee licensee who is an officer and/or principal in responsible charge of the firm's practice in Tennessee and who is licensed to practice geology in the state of Tennessee.

Type or Print Name _____ Title _____ TN License Number _____

Office Address _____

Telephone Number _____ Fax Number _____ Email Address _____

Signature _____ Date _____

Please advise the Board office, in writing at the address above, of ANY changes in the above information.

Eligibility Verification for Entitlements Act Attestation Instructions

INSTRUCTIONS: If you are a natural person applying for a license, registration, certification or other benefit you must:

1. Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee's Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States, by selecting your status in Part A below signing on the line labeled "Applicant's Signature," printing your name on the line labeled "Printed Name" and putting the current date on the line labeled "Date."

AND

Do one (1) of the following:

2. If you are claiming United States citizenship, present one (1) of the forms of identification provided for in Part B below. **If you provided your Social Security Number as part of your application for licensure, registration, certificate or other benefit, no additional documentation is required; however, please be aware that efforts may be made to verify any such number.**
3. If you are claiming qualified alien status, present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program, as provided in Part C below.
4. If you are claiming qualified alien status but you are unable to present two (2) forms of documentation provided for in Part C of this form, then you shall present at least one (1) such document that shall then be verified through the SAVE program.
or
5. If you are claiming you are foreign national not physically present in the United States, contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.

Eligibility Verification for Entitlements Act Attestation

Part A. Eligibility Verification for Entitlements Act Attestation

I hereby attest under penalty of perjury that I am (select one):

_____ A United States citizen;

_____ A qualified alien as defined in Tenn. Code Ann. § 4-58-102;¹

_____ A foreign national not physically present in the United States. Further, I understand that should I ever become physically present in the United States while I hold this license, registration, certification or other benefit I agree to immediately contact the issuing agency and provide documentation to confirm my status as a qualified alien.

Applicant's Signature

Printed Name

Date

Submitting false information or omitting pertinent or material information in connection with this application or any violation of the Eligibility Verification for Entitlements Act may result in the revocation of any license, registration, certification or other benefit issued to the applicant. A person who willfully makes a false, fictitious or fraudulent statement or representation of United States citizenship may be prosecuted under 18 U.S.C. § 911 and/or the False Claims Act, T.C.A. §§ 4-18-101, *et seq.*

¹ Qualified alien means "A qualified alien as defined by 8 U.S.C. § 1641(b)" or "An alien or nonimmigrant eligible to receive state or local public benefits under 8 U.S.C. § 1621(a)." Pursuant to those statutes, this includes, but is not necessarily limited to:

- An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.];
- An alien who is granted asylum under section 208 of the Immigration and Nationality Act [8 U.S.C. § 1158];
- A refugee who is admitted to the United States under section 207 of the Immigration and Nationality Act [8 U.S.C.A. § 1157];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182(d)(5)] for a period of at least 1 year;
- An alien whose deportation is being withheld under section 243(h) of the Immigration and Nationality Act [8 U.S.C. § 1253] (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of the Immigration and Nationality Act [8 U.S.C. § 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104-208);
- An alien who is granted conditional entry pursuant to section 203(a)(7) of the Immigration and Nationality Act [8 U.S.C. § 1153(a)(7)] as in effect prior to April 1, 1980;
- An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980);
- A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. §§ 1101, *et seq.*];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182 (d)(5)] for less than one year.

Eligibility Verification for Entitlements Act Additional Required Documentation

Part B. If you are claiming United States citizenship, you must present one (1) of the following:

- A valid Tennessee driver license or photo identification license issued by the Department of Safety;
- A valid driver license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Safety;
- An official birth certificate issued by a state, jurisdiction or territory of the United States, including Puerto Rico, United States Virgin Islands, Northern Mariana Islands, American Samoa, Swains Island, or Guam; provided that Puerto Rican birth certificates issued before July 1, 2010, shall **not** be recognized;
- A United States government-issued certified birth certificate;
- A valid, unexpired United States passport;
- A United States certificate of birth abroad (DS-1350 or FS-545);
- A report of birth abroad of a citizen of the United States (FS-240);
- A certificate of citizenship (N560 or N561);
- A certificate of naturalization (N550, N570 or N578);
- A United States citizen identification card (I-197, I-179);
- Any successor document of those listed at Tenn. Code Ann. §§ 4-58-103(c)(4)-(9); or
- **A social security number that may be verified with the Social Security Administration in accordance with federal law (if you provided your social security number as part of your application for licensure, no additional documentation is required; however, please be aware that efforts may be made to verify any such number).**

Part C. If you are claiming qualified alien status, you must present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program. Such forms of identification may include:

- I-327 (Reentry Permit);
- I-551 (Permanent Resident Card);
- I-571 (Refugee Travel Document);
- I-766 (Employment Authorization Card);
- Certificate of Citizenship;
- Naturalization Certificate;
- Machine Readable Immigrant Visa (with Temporary I-551 Language);
- Temporary I-551 Stamp (on passport or I-94);
- Unexpired Foreign Passport;
- WT/WB Admission Stamp in Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status);
- DS-2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status);
- Any other document determined by the U.S. Department of Homeland Security to be acceptable through the Systematic Alien Verification for Entitlements (SAVE) program created pursuant to the federal Immigration Reform and Control Act of 1986.

Part D. If you are claiming qualified alien status, but you are unable to present two (2) forms of documentation as described in Part C, then you shall present at least one (1) such document as described in Part C, which shall then be verified through the SAVE program.

Part E. If you are claiming that you are a foreign national not physically present in the United States, please contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.