OREGON STATE BOARD OF GEOLOGIST EXAMINERS
EMPLOYMENT VERIFICATION FORM (Page 1 of 2)

TO: ______________________________________ FROM: ______________________________________
Supervisor    Applicant

ADDRESS: ________________________________ ADDRESS: ________________________________
__________________________________________ __________________________________________

PHONE NUMBER: _________________________    PHONE NUMBER: _________________________

I ________________________________ am applying to the Oregon State Board of Geologist Examiners for
examination or registration.

Registered Geologist

Please verify my employment and supervision so the Board may evaluate my eligibility for examination or
registration. Return this completed VERIFICATION OF EMPLOYMENT form to me in a sealed envelope
at my address listed above. I will return the verification form, unopened, to the Board of Geologist Examiners as
part of my application packet. Your prompt return of this form will assist me in meeting the Board’s application
deadline. Thank you for your assistance.

Applicant's Signature _________________________________________ __________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

The following portion of this form is to be completed by the individual that supervised the applicant’s geologic
work. If the applicant is self-employed, a client or colleague may verify supervision of geologic work.

Supervisor’s Name (please print):  ________________________________________________________________

Supervisor’s Oregon RG #____________________________    Other State _______RG/PG/LG#____________________

If you are not a Registered Geologist in Oregon or a licensed geologist in another state, please describe on a separate sheet of paper your geologic
training and experience that qualifies you to have supervised and taken full responsibility for the geologic work performed by the applicant. If you
supervised the applicant’s geologic work while exempt from geologist licensure, such as while working for the federal government or in a jurisdiction that
does not license geologists, please indicate this.

Name of Firm (at applicant’s time of employment): _______________________________________________________
Applicant’s Position: ____________________________________________________________________________

The applicant was under my supervision at this firm on the following dates:
From: ______________________ To: _________________________
Month/Year     Month/Year

[ ]  Full Time  [ ] Part Time: Average Hours Worked Per Week _______

Please describe applicant’s geologic duties and responsibilities (be specific):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Were the primary duties of the applicant geologic work (i.e. work in which geologic knowledge and understanding was required)? ________________________________

If NO, what percentage of work was geologic related? _____________ (%)

From your personal knowledge, indicate your opinion of the applicant’s potential to independently practice geology in Oregon by placing an ‘X’ in the appropriate boxes below.

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*If an “unsatisfactory” box is checked above, please provide an explanation below or on a separate sheet of paper.

In your opinion, is the applicant qualified to independently practice geology in Oregon:

[ ] Yes  [ ] No  [ ] Unsure, do not have information about the applicant’s current qualifications

*If you answered “No”, please provide an explanation below or on a separate sheet of paper.

Additional comments (optional):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________

Signature of Applicant’s Supervisor ___________________________ Date ___________________________

Email Address of Supervisor ___________________________ Phone # of Supervisor ___________________________