



IDFPR

Illinois Department of
Financial and Professional Regulation

Division of Professional Regulation

APPLICATION FOR:
Licensed Geologist
(196)

Important Information:

- ◆ All documents in a foreign language required to be submitted with an application, or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.
- ◆ Applications are valid for three years from the date received by the Department.
- ◆ Before contacting the Department; please review our FAQ's (<http://www.idfpr.illinois.gov/About/FAQ.html>) for answers to most questions. If your specific question is not addressed in our FAQ's, please contact the Department at **800.560.6420** or TTY **866.325-4949** for assistance.
- ◆ If you previously held an Illinois Geologist license, please contact the Department for instructions to restore it.

EDUCATION REQUIREMENT

Applicant must have a degree in geology from an accredited college or university with a minimum of **30 semester or 45 quarter hours** of course credits in geology, of which **24 semester or 36 quarter hours** must be in upper level courses from the following subject areas:

- | | | |
|----------------------|-----------------------|-----------------------------------|
| • Structural Geology | • Geomorphology | • Environmental Geology |
| • Geophysics | • Engineering Geology | • Stratigraphy |
| • Mineralogy | • Economic Geology | • Field Geology |
| • Hydrogeology | • Paleontology | • Terrain Analysis/Remote Sensing |
| • Petrology | • Glacial Geology | • Sedimentology |

If the specific 24 semester or 36 quarter hours in upper level courses are deficient, the Division may, upon recommendation by the Board, allow substitution of professional experience as a geologist.

The applicant must provide verification of a minimum of 10 years of professional experience (six in addition to the required four) which may be substituted for 10 semester or 15 quarter hours of the deficient upper level coursework. At least two of the ten years shall have been under the supervision of a licensed professional geologist, or, before July 1, 2000, a licensed professional geologist or engineer.

EXAMINATION REQUIREMENT

- ◆ Illinois administers the ASBOG examination.
- ◆ Board pre-approval is required to sit for the exam.

EXPERIENCE REQUIREMENT

A minimum of four years of professional experience in the practice of geologic or directly related work is required. All experience must have been acquired after conferral of the bachelor's degree.

- ◆ An applicant will receive one year of credit for 1500 hours of experience.
- ◆ A maximum of one year experience may be credited to applicants possessing a graduate degree in geology if the courses are not used to satisfy the education requirements.
- ◆ A maximum of one year experience may be credited to full-time faculty members who teach upper level courses in a geology program that meets the criteria in 68 Ill. Adm. Code 1252.40.
- ◆ **At least 2 years of professional experience must be gained under the supervision of an Illinois licensed professional geologist or a geologist licensed in another jurisdiction having substantially equivalent licensure requirements as Illinois.**

LICENSURE BY EXAMINATION

- ◆ **Applicant must satisfy education and experience requirements PRIOR to making application for examination.**
- ◆ Application for licensure by examination is a dual application process. Once your application has been reviewed and approved by the Illinois Board of Licensing for Professional Geologists, an examination approval letter with registration and further instructions will be provided.

LICENSURE BY ENDORSEMENT

- ◆ Applicants applying for licensure on the basis of endorsement **MUST** hold an active license/registration as a geologist under the laws of another U.S. jurisdiction which must be substantially equivalent to those in Illinois.
- ◆ A copy of the laws/rules for the jurisdiction may be required to verify equivalency.

REQUIRED SUPPORTING DOCUMENTS

- ◆ An official transcript showing conferral of the geology degree (and any other degrees being claimed) must be sent directly from the University to the Department at FPR.PSSUnit@Illinois.gov.
- ◆ Applicant must submit the VE-GEO form for your experience to verify a minimum of four years (6000 hours) of professional experience in the practice of geologic or directly related work. A separate form for each supervisor/place of employment must be completed by the supervisor and emailed directly to FPR.PSSUnit@Illinois.gov. The form is available here:
<https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/renewals/apply/forms/ve-geo.pdf>.
- ◆ **For Endorsement applicants only:**
 - ◆ A license certification/verification must be submitted from the current jurisdiction of licensure showing active practice emailed directly to FPR.PSSUnit@Illinois.gov.
 - ◆ A license certification/verification must be submitted from the original jurisdiction of licensure showing active practice emailed directly to FPR.PSSUnit@Illinois.gov.
 - ◆ A license certification/verification from the jurisdiction showing passage of the ASBOG examination emailed directly to FPR.PSSUnit@Illinois.gov.

APPLICATION INSTRUCTIONS

Before completing the application, read these instructions as this will aid you in accurately completing your application and eliminate any delay in processing.

Step I - FULLY COMPLETE THE 4-PAGE APPLICATION

An incomplete or illegible application will be returned. Type or print in black ink.

1) Use the chart below to complete **PART IB 1- 4** of the application.

Profession Name: Geologist	Profession Code	Licensure Method	Fee
Licensed Geologist	196	Examination	\$250
Licensed Geologist	196	Endorsement of License	\$250

2) NOTES:

- a) Indicate all college/university level coursework in **PART III**, number 6 on the application.
- b) Do not complete **PART VII as it is not applicable**.
- c) All applicants must complete **PART VIII**.

Step II - APPLICATION FEE

Payment of NON-REFUNDABLE \$250 in the form of a U.S. check or money order made payable to IDFPR.

Step III - MAIL APPLICATION

◆ Mail the application, fee, application checklist and any supporting documents to the address below.

Illinois Department of Financial and Professional Regulation,
Attn: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

Step IV - WAIT

Please allow eight business weeks from applying before making an inquiry concerning its status.

APPLICATION CHECKLIST

All applicants must complete this checklist and return with the completed application. Check only what applies to you.

All supporting documents must be submitted with the application or emailed directly to the Department for exam approval to be given or the license to be issued.

APPLICANT NAME: _____

ALL APPLICANTS REVIEW AND SUBMIT:

- ☐ A completed application.
- ☐ An application fee of \$250.
- ☐ Official transcripts showing conferral of a bachelor's degree in Geology and any other applicable transcripts.
- ☐ VE-GEO form(s) for your applicable experience.
- ☐ Proof of name change (if applicable).

ENDORSEMENT APPLICANTS REVIEW AND SUBMIT:

- ☐ A license certification/verification must be submitted from the current jurisdiction of licensure showing active practice.
- ☐ A license certification/verification from the jurisdiction showing passage of the ASBOG examination.

Signature of Applicant

Date

IMPORTANT LICENSE INFORMATION ONCE ISSUED

- ◆ All Illinois Geologist licenses expire on March 31 of every odd-numbered year, regardless of when issued.
- ◆ Seal requirements can be found here: <https://idfpr.illinois.gov/profs/geology.html>.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application. ☐ Military ☐ Military Spouse ☐ Not Military ☐ Decline to Answer
Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE ____	3. LICENSURE METHOD	4. FEE \$
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C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois. | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
| <input type="checkbox"/> Other: _____ | |

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. SSN OR ITIN ____
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		7. MOTHER'S MAIDEN NAME
8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) ____-____ Home: (____) ____-____ (Area Code) (Area Code) Fax: (____) ____-____ Fax: (____) ____-____ (Area Code) (Area Code)		12. REQUIRED E-MAIL ADDRESS

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12Graduated
High School?☐ Yes ☐ No

Received

OR G.E.D.?

☐ Yes ☐ No2. NAME OF LAST PRELIMINARY SCHOOL
ATTENDED3. LAST PRELIMINARY SCHOOL LOCATION
(City and State)

4. DATE OF GRADUATION

____ / ____
Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8

Graduated?

☐ Yes ☐ No6. COLLEGE OR UNIVERSITY NAME
(Undergraduate and Graduate)LOCATION
(City and State or Country)

DATES OF ATTENDANCE

FROM

TO

TYPE OF
DEGREE EARNED

Month/Year

Month/Year

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME

LOCATION
(City and State or Country)

DATES OF ATTENDANCE

FROM

TO

Did You Complete
Training?

Month/Year

Month/Year

☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information (This part must be completed by all applicants)

YES NO

1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. *If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.*
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? *If yes, attach a copy of the certificate.*
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*

PART VII: Examination Coding Information (This part is for examination applicants only)

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

- a) CHART II - Select examination(s) you desire
-
- and enter Test Codes

- b) CHART III - Select the examination site you desire and enter Test Center Code:

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- c) CHART IV - Find your School of Graduation and enter school code:

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- d) Record the number of times you have taken this exam in Illinois or any other state:

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PART VIII: Child Support, Tax Information and Workers' Compensation (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?

Yes ☐ No ☐

(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes?

Yes ☐ No ☐

3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

Are you delinquent in complying with workers' compensation obligations?

Yes ☐ No ☐**PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. **I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.**

Signature of Applicant

Date