

# GEOLOGICAL EXPERIENCE VERIFICATION

\_\_\_\_\_ (applicant's name) has filed an application with the American Institute of Professional Geologists for Certification as a Certified Professional Geologist. This Certification depends, among other considerations, on the verification of the extent, diversity, and quality of his/her practical training and geological experience as described on the reverse side of this form. Please assist us by supplying the information requested below, based upon your own personal, first-hand knowledge of the applicant. Attach additional sheets if needed. Thank you.

Verification of experience from (month and year) \_\_\_\_\_ To \_\_\_\_\_

Applicant's employer during this period: \_\_\_\_\_

— SEE APPLICANT'S COMPLETE STATEMENT ON REVERSE SIDE OF FORM —

**To be completed by person verifying geologic experience:**

Name	
Current employer	
Current job and/or professional title	
Complete Business address	
Email/Office phone number	
Nature of current business	

1. Profession and specialty (if any) \_\_\_\_\_ Years Experience \_\_\_\_\_

2. What was your business or professional relationship to the applicant during the time described?  
 \_\_\_\_\_  
 \_\_\_\_\_

3. The portion of employment or experience we wish you to verify is described by the applicant on the reverse side of this form. Please state your opinion regarding the accuracy of the description, including duration, extent, and complexity of work, **particularly the geological work and whether the work was in a position of responsibility**, and indicate your evaluation of the applicant's performance.  
 \_\_\_\_\_  
 \_\_\_\_\_

4. If there is any portion of the described experience with which you are insufficiently familiar, please identify the portion and explain.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Additional Comments?  
 \_\_\_\_\_  
 \_\_\_\_\_

6. List your Professional Certification(s), License(s), or Registration(s), if any.  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form to: American Institute of Professional Geologists  
 1333 West 120<sup>th</sup> Ave., Suite 211, Westminster, CO 80234-2710**

## TO BE COMPLETED BY APPLICANT

### EXPERIENCE RECORD: SUMMARY AND DESCRIPTION

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Name of person verifying your work experience		
Name and address of your employer at time of experience		
Date of employment:	From	To
Percent full-time	Percent of full-time work which was geological*	
Percent part-time	Percent of part-time work that was geological*	
Total experience in months	<b>Percent of work in a position of responsibility</b>	

\*Geological work may include time spent managing/supervising other geologists, reviewing geologic reports, and conducting the administration appropriate and necessary to your work as a geologist.

Reason for leaving

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Name of supervisor:

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**Description of Geological Experience:** Make explicit statements, listing and defining geological work performed. The description should be specific and contain details as to how the job included the application of geological principles, theories, and knowledge in the collection, analysis, and interpretation of geological data. Include a statement describing the extent and complexity of work performed. **In particular, identify work "in a position of responsibility" as defined in the requirements for Certification (Bylaw 2.3.1.4).** A listing of projects, without details regarding the geological aspects, is not sufficient for a fair evaluation of your experience. Terms such as "managed", "was involved in", "participated in", "served on a team", and so forth do not provide sufficient detail. It is better to use terms that identify duties, such as "project director", "principal investigator", "well-site geologist", "geologic team foreman". If more space is needed, attach additional sheets.