APPL#_____
For Office Use Only

STATE OF NEW HAMPSHIRE

APPLICATION FOR CERTIFICATION AS A SOIL SCIENTIST
$125.00 Application Fee

The application must be filled out completely and typewritten
Check Payable to "Treasurer, State of NH" or complete the enclosed credit card form **(Non-Refundable Fee)**

1. General Information

Name _____
Last First Middle

Names Previously Used (if applicable) _____

Written Signature: _____

☐ Residential Address _____
zip code

Business Name, Position/Title _____

☐ Business Address _____
Indicate mailing address by check box zip code

Business Phone _____ Personal Phone _____

Email: _____ Social Security# _____

Place of Birth _____ Date of Birth _____

2. Registration/Licensure Information

Do you currently or have you ever been certified in New Hampshire as an Apprentice? _____

Apprentice Number? _____ Name of Scientist you apprenticed under: _____

State in which first registered or certified as a Soil Scientist _____

Date of Certification _____ Certificate Number _____

Certified by examination? _____ If not how? _____

Is Certificate still in force? _____ If not why? _____

Have you **ever** applied for Soil Scientist Certification in **New Hampshire**? _____

Status: _____

3. Professional Certifications

List all states where you hold or have held certification/registration. Use a separate sheet if necessary.

License #	State	Year Certified/ Registered	#Hours Written Examination	Reciprocity or Grandfather	Active or Lapsed If lapsed why?

4. Membership in Professional or Scientific Associations

Name of Organization	Location	Grade or Membership	Date

5. Education

1. Official transcripts are required and must be sent directly to the board office from the college or university, in a sealed envelope.

INSTITUTION AND LOCATION	FROM	TO	GRADUATION DATE	CREDITS COMPLETED	DEGREE AWARDED
Colleges and Universities:					
1.					
2.					
3.					
4.					

2. Please list home study and correspondence school courses related to soil science if applicable. Attach additional sheets if necessary. Please attach all certificates of completion.

COURSE TITLE	COURSE DATES		EDUCATIONAL INSTITUTION	SEMESTER HOURS AWARDED
	TO	FROM		

6. Professional Experience

This information described below is a summary of your employment, and should start with your first employer. Use this page as a summary and place detailed information pertaining to experience on the enclosed supplemental experience record sheet. **Please key all sheets.**

Key	Date	1. Name of Employer- Title of Position	Name and present address of someone familiar with each position, preferably person to whom applicant reported or with whom he/she was associated.
	Indicate years	2. Location and Character of Each Position	
	From to	3. Degree of Responsibility	

7. Soil Map Plans

A minimum of one year of actual, field soil mapping experience is required of all applicants. Documentation of that experience consists of the presentation of six (6) plans, each indicating a soil map determined by the applicant. All plans submitted for purpose of documenting the one year experience requirement must be listed on the following **Plan Summary** as Plan ID Numbers one (1) through six (6).

All plans must be submitted and include a copy of the United States Geological Survey quad sheet with the site located

All soil plans shall cite the following:

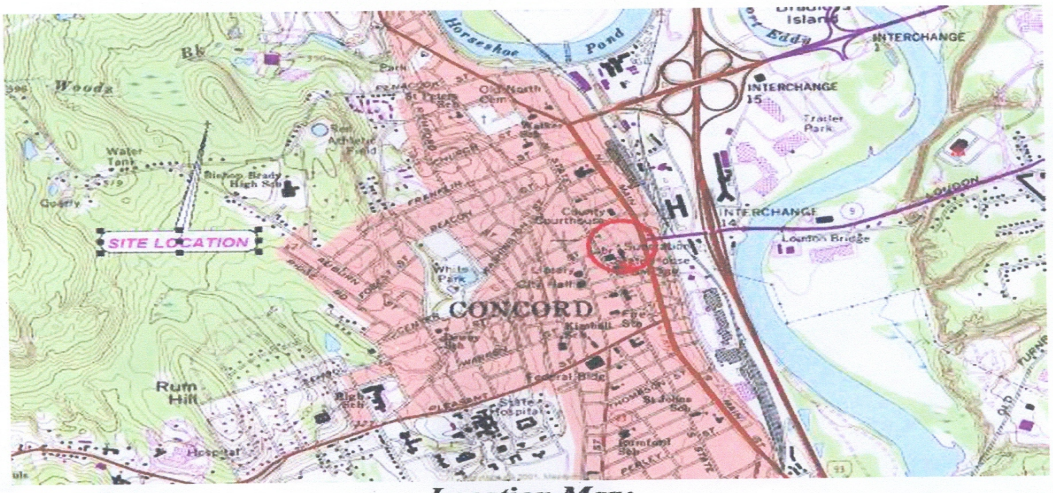
1) The citation of the soil mapping standard that was used
2) The agency to which they were submitted.
3) The applicable owner information.
4) The stamp of a Certified Soil Scientist is required on all NH plans.
5) The Soil Map legend.
6) If the name of the soil mapper is not on the plan, a witness from the company who performed the delineation must indicate that the applicant did the delineation.

☐ I have attached 6 maps in accordance to Soil 302.04

Plan ID	Date	Standard	Agency	Owners Name and Address
1.				
2.				
3.				
4				
5.				
6.				

Example:

The Board of Natural Scientists prefers a USGS Topographic Quadrangle map, like the example below to identify the location of each wetland delineation or soil map submitted with applications for Certified Wetland Scientists or Certified Soil Scientists.



Location Map:
USGS – Concord Topographic Quadrangle Scale: 1:25,000

8. References of Character and Qualifications

Applicant will give the names, complete addresses, occupation and business relationship with applicant of 5 references, not related to the applicant with 2 references being soil scientists, having personal knowledge of the applicant's experience. No member of the board will be accepted as reference. Name of persons listed under item 6, "Experience," may also be used as references.

Name	Address including zip code	Occupation	Business Relationship to Applicant

9. General Information Questions

	Yes	No
1. Have you ever been convicted of any felony or misdemeanor that has not been annulled by a court pursuant to RSA 651:5 and if not annulled, the name of the court in which the conviction occurred, the Details of the offence and the date of the conviction and the sentence imposed.	☐	☐
2. Have you ever been denied registration, certification or licensure as a soil scientist or disciplined by this board or another soil scientist board in any other state or country and if so, an explanation of the circumstances	☐	☐

If the answer is yes to any of the above questions, submit a written explanation with your application

10. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

_____
Signature of Applicant

ADDRESS ALL COMMUNICATIONS TO:

NH OPLC – TECHNICAL DIVISION
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, N.H. 03301

_____
Date

Find us on the on-line at www.oplc.nh.gov/natural-scientists/index.htm

11. Supplementary Experience Record In Detail

- ✓ **Read instructions carefully.** The Supplementary Experience Record is vital to the Board's evaluation of your Soil Scientist experience.
- ✓ **Affix** your signature and date to this and each additional sheet. Add additional sheets as required. Use plain white pages and number consecutively. Number each project and/or assignment to correspond with the key of Section 6 of your application.
- ✓ **List and identify** your projects and/or assignments in chronological order, starting with your **first soil scientist projects and/or assignments**. Be specific in identifying the portion of the work you personally did. Identify the project by job title, name of client, location of project, total cost and cost of the portion you did.
- ✓ **After you have prepared your first draft, read it critically.** Does it show a reviewer, who is not familiar with you or your job the degree of soil science expertise you applied and verify time-wise the soil science experience claimed in your application.

Signature_____**Date**_____
(ALSO SIGN AND DATE EACH ADDITIONAL SHEET

STATE OF NEW HAMPSHIRE
BOARD OF CERITIFICATION
FOR NATURAL SCIENTISTS

CANDIDATE REQUIREMENTS

310-A:84 Qualifications for Certification.

I. To be eligible for certification as a soil scientist, a person shall be of high ethical professional standards, have successfully passed an examination designed to determine the person's proficiency and qualifications, including references to soil characteristics in the New England region, to be engaged in the practice of soil science, and shall have one of the following qualifications:

(a) Be a graduate of an accredited 4-year college curriculum leading to a baccalaureate degree, where the applicant successfully completed 30 semester hours in biological, physical and earth science, including 15 semester hours in soil science, and have a specific record of an additional 3 or more years experience in the practice of soil science.

(b) Be a graduate of an accredited college curriculum leading to a baccalaureate or an associate degree, where the applicant has successfully completed 15 semester hours in soil science, and have a specific record of an additional 4 or more years experience in the practice of soil science.

(c) Be a graduate of an accredited college curriculum leading to a baccalaureate or associate degree, or have earned the equivalent number of credits, and have a specific record of an additional 6 or more years in the practice of soil science.

II. Experience in the practice of soil science shall be of a grade and character that indicates to the board that the applicant is competent to practice as a soil scientist. Experience shall be determined as follows:

(a) Teaching soil science courses or performing research in soil science at an accredited college, university, or institution offering an approved soil science or agronomy curriculum shall be considered as experience in the practice of soil science.

(b) Educational training shall not be considered as experience. Summer employment shall be considered experience for purposes of this section.

(c) Actual field mapping experience in an acceptable apprenticeship program shall count as experience time and shall account for a minimum of one year of the experience requirement.

(d) Each advanced degree in a related field shall be counted as one year of experience.

APPLICATION INSTRUCTIONS AND CHECKLIST FOR SOIL SCIENTIST

General- Provide all the information requested on the application form. **Do Not** substitute a resume or other synopsis of your experience and/or education for any part of the application form. If additional space is needed, please photocopy that portion.

References- Make a sufficient num ber of copies of our **Reference Form** to send one to each of your references. Keep a blank one for your future use, in the event a reference does not respond. In addition to the reference form, you should send each of your references a **stamped** envelope on which you have placed the Board address label. Reference forms received from applicants are **not** acceptable; forms must come directly from the reference.

Transcripts- Transcript Request Forms are included as a part of this application packet. Complete the form/s and send it/them (and any required fee) to the college or university you attended including Undergraduate and Masters transcripts if applicable. Transcripts received from the applicant are not accepted. Transcripts must come directly from the college/university to our office.

Notice to all applicants- Be sure you submit your application to the Board before you send out your reference forms. We must receive your application prior to receiving forms from your references. If we receive responses from your references and do not have your application on file, they may be misplaced, causing a delay in the processing of your application.

Have you:

- ☐ Marked the box on the application form indicating which address you want us to use?
- ☐ Requested your college/university to send us your transcript directly?
- ☐ Completed the "References" portion of the application, sent reference forms and Board addressed and stamped envelopes to each of your references, and kept a blank copy of the form for yourself?
- ☐ Filled in the detailed experience summary sheets? (copy if needed)
- ☐ Signed and dated the application?
- ☐ Included the correct fee with the check made payable to **Treasurer, State of NH** or completed the attached credit card sheet?
- ☐ Included maps with the correct documentation?

Date _____

College or University Registrar

_____

_____

_____

Dear Registrar:

Enclosed please find my fee in the amount of $_____ in payment for a certified transcript of my scholastic record. I attended college during the years _____ to_____. I received my degree on _____ _____. My Social Security number is _____ and my date of birth is _____.

My student identification number was_____.

Please send the transcript ***directly*** to the following address:

NH OPLC - Technical Division
121 South Fruit Street, Suite 201
Concord, New Hampshire 03301

The Board of Natural Scientists has informed me that they will treat the transcript in accordance with the provisions of the Education Rights Privacy Act and that no unauthorized person will have access to the transcript.

Sincerely,

_____
(Signature)

_____

_____

_____
(Printed Name and Address)

NH OPLC – TECHNICAL DIVISION
121 S FRUIT STREET, SUITE 201
CONCORD NH 03301

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Note: This page may be printed or copied on a 3 by 10 label sheet to create mailing labels for use with reference letter envelopes, etc. This setup is for Avery label 5960.

THE STATE OF NEW HAMPSHIRE
BOARD CERTIFICATION
FOR NATURAL SCIENTISTS
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, NEW HAMPSHIRE 03301

Dear Sir/Madam:

An individual has applied to this Board for Certification in the State of New Hampshire as either a Soil Scientist and either has given your name as a reference or has stated that he/she has worked for you or with you. The Board will appreciate your sending the information requested on the reverse hereof, and assures you that such information as you give will be treated in the strictest confidence.

The Board is required by law to obtain evidence of the good character of the applicant and his/her qualifications as a Natural Scientist before issuing a certificate. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed with the application.

The Board urges that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may affect the life, health, property and welfare of the public, you have a grave responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot license the applicant until the references are returned, a prompt reply will expedite consideration of the applicant's request for certification. Please make certain that you enter the applicant's name on the reference form.

Very truly yours,

Bobbie Carter

Bobbie Carter
Program Assistant

Re: Application of _____

(NAME IS REQUIRED)

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name _____

(to be typewritten or printed)

2. What is your address _____

(street and number) (city or town)

3. What is your present business or profession?_____

4. Are you a Certified or Practicing Soil Scientist_____ In what State?_____ Certificate #_____

5. How long have you known the applicant? From _____ To _____

6. Are you in any way related to the applicant? _____

7. What has been your business connection with the applicant?_____

_____

8. Do you know anything reflecting adversely on the integrity or general good character of the applicant?

_____

9. Please give a brief estimate of the applicant as a Soil Scientist._____

_____

10. Would you employ the applicant in a position of trust? _____

11. If the applicant is connected with a firm, please provide its name and address.

_____

12. Is the applicant qualified to be placed in responsible charge of supervision of work?_____

13. If the applicant is in individual practice, please indicate the nature of such practice _____

14. Do you recommend the applicant for certification as a Soil Scientist?_____

15. In my opinion the applicant has_____years of experience.

16. Remarks concerning the applicant _____

_____

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as a Natural Scientist.

Date _____ Written Signature_____

Credit Card Sheets are not accepted via e-mail

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type:		Amount Due:	
Card Type: (please select one)	☐ Visa	☐ Mastercard **(required)**	
Card Number			**(required)**
Expiration Date:	Month:	Year:	**(required)**
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

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