APPL#_____
For Office Use Only

STATE OF NEW HAMPSHIRE

APPLICATION FOR CERTIFICATION AS A NATURAL SCIENTIST APPRENTICE

☐ **$75.00 Application Fee – Soil Scientist Apprentice**
☐ **$75.00 Application Fee – Wetland Scientist Apprentice**

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)_____ SS# _____

Written Signature:_____

☐ Residence Address _____
zip code

Business Name & Position_____

☐ Business Address_____
Indicate mailing address by check box zip code

Business Phone _____ Personal Phone_____

Email:_____ Social Security Number:_____

Place of Birth_____ Date of Birth_____

2. Registration/Licensure Information

State in which first registered or certified as a Natural Scientist Apprentice:_____

Certified as a Wetland or Soil Scientist Apprentice?_____

Date of Certification _____ Certificate Number_____ Certified by examination?_____

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

3. Membership in Professional or Scientific Associations

Name of Organization	Location	Grade or Membership	Date

4. Professional Experience

This information described below is a summary of your employment, and should start with your first employer.

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	

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
Colleges and Universities:				
1.				
2.				
3.				
4.				

2. Please list home study and correspondence school courses related to soil or wetland 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. Name of Apprenticeship Supervisor(s)

Name	Certificate Number

7. 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 or wetland scientist or disciplined by this board or another soil or wetland 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

8. 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

_____
Date

ADDRESS ALL COMMUNICATIONS TO:

NH OPLC – Technical Division
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, N.H. 03301

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

rev. 10/16

CANDIDATE REQUIREMENTS

310-A:85 Apprentice.

I. To be eligible for recognition as an apprentice soil scientist, a person shall have the following qualifications:

(a) Be of responsible character;

(b) Have completed the formal education under RSA 310-A:84, I; and

(c) Be in training to become a certified soil scientist and be engaged in the practice of soil science under the direct supervision of a certified soil scientist who is performing soil science work.

II. To be eligible for recognition as an apprentice wetland scientist, a person shall have the following qualifications:

(a) Be of responsible character;

(b) Have completed the formal education under RSA 310-A:84, II-a; and

(c) Be in training to become a certified wetland scientist and be engaged in the practice of wetland science under the direct supervision of certified wetland scientists who is performing wetland science work.

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)

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.

Fax: 603-271-7928

This page will be destroyed after the transaction has taken place.

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 cre card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

Confidential

Rev. 5/16 Any payment for issued licenses or certifications are non-refundable.

OPTIONAL INFORMATIONAL QUESTION

REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

   RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.

OR

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

Please place a check mark in all that apply below:

☐ I **am** eligible for consideration as defined in paragraph #1 above.

☐ I **am not** eligible for consideration as defined in paragraph #1 above.

☐ I **am** eligible for consideration as defined in paragraph #2 above.

☐ I **am not** eligible for consideration as defined in paragraph #2 above