

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of the Professions  
Division of Professional Licensing Services  
[www.op.nysed.gov](http://www.op.nysed.gov)

## Applicant Instructions

1 **Social Security Number**           2 **Birth Date** Month   Day   Year

*(Leave this blank if you do not have a U.S. Social Security Number)*

[illegible][illegible]

**Daytime phone** ☐ **Home or** ☐ **Business**

Area Code Phone

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Date \_\_\_\_\_

**Professional Experience**

Are you applying for exam/licensure with more than twelve (12) years experience?

☐ Yes ☐ No**Employment**

List below all places of employment in chronological order beginning with your first employment for which experience is being claimed. Attach additional sheets if needed. You must submit a separate Verification of Professional Experience (Form 4A) for each employment listed. Your application will not be reviewed by the Board until a Form 4A for each employer has been received.

Endorser Number	Firm Name	Name of Endorser	Begin Date/End Date	Time Claimed Years/Months
1.			____ / ____ / ____ to ____ / ____ / ____ mo. day yr. mo. day yr.	____ / ____ Years Months
2.			____ / ____ / ____ to ____ / ____ / ____ mo. day yr. mo. day yr.	____ / ____ Years Months
3.			____ / ____ / ____ to ____ / ____ / ____ mo. day yr. mo. day yr.	____ / ____ Years Months
4.			____ / ____ / ____ to ____ / ____ / ____ mo. day yr. mo. day yr.	____ / ____ Years Months
5.			____ / ____ / ____ to ____ / ____ / ____ mo. day yr. mo. day yr.	____ / ____ Years Months
6.			____ / ____ / ____ to ____ / ____ / ____ mo. day yr. mo. day yr.	____ / ____ Years Months
7.			____ / ____ / ____ to ____ / ____ / ____ mo. day yr. mo. day yr.	____ / ____ Years Months
8.			____ / ____ / ____ to ____ / ____ / ____ mo. day yr. mo. day yr.	____ / ____ Years Months
8.			____ / ____ / ____ to ____ / ____ / ____ mo. day yr. mo. day yr.	____ / ____ Years Months
10.			____ / ____ / ____ to ____ / ____ / ____ mo. day yr. mo. day yr.	____ / ____ Years Months
11.			____ / ____ / ____ to ____ / ____ / ____ mo. day yr. mo. day yr.	____ / ____ Years Months
(Note: Total time claimed cannot exceed calendar time)			Total Time Claimed =	____ / ____ Years Months

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Professional Geology Unit, 89 Washington Avenue, Albany, NY 12234-1000.