

**GEORGIA DEPARTMENT
OF PUBLIC HEALTH**

**SOIL CLASSIFIERS CERTIFICATION
ADVISORY COMMITTEE**

Application for Certification

Mail application to: **Soil Classifiers Certification Advisory Committee
DPH, Environmental Health Section
2 Peachtree Street NW, 13th floor
Atlanta, GA 30303-3186**

Application Review Check List

For Soil Classifiers Certification Advisory Committee use only

- Completed application signed and notarized
- Application Fee, check made out for \$100.00
- Four references have been received
- Transcripts have been received
- Examination fee check for \$400.00
- Five examples of work
- Code of ethics signed, notarized.
- Proof of Insurance

Approved for testing: yes no (circle one)

Application form 1.3

COMPLETING THE APPLICATION: This application must be typewritten, or printed legibly, fully completed, signed, notarized and accompanied by required documentation (including transcripts and references) and fees before it will be considered by the Soil Classifiers Certification Advisory Committee.

FEES- A non-refundable fee of \$100.00 must accompany this application for processing and testing. If your application is approved you will be notified with a date and location for examination. A certification fee of \$400.00 must also accompany this application. Send two certified checks or money orders, if the application is not approved for the examination, the \$400.00 certification fee will be returned. Please do not send cash. Make checks or money orders payable to Georgia Department of Community Health. **Candidates for Soil Classifier in Training are exempt from the certification fee until the time of their full certification.**

Preferred mailing address (circle one) home business

1. Full Name: _____

2. Applicant is applying for the following class of Certification: (check one)

Soil Classifier _____

Soil Classifier in Training _____

3. Current Business address: _____

Name of business _____

Telephone _____

Fax number _____

e-mail _____

Residence address: _____

Telephone _____

E-mail _____

4. Age: _____

5. Social Security Number: (optional) _____

6. Have you ever been convicted of a felony or misdemeanor? **Yes** **No** (circle one)
If the answer is yes, explain on a separate sheet

Soil Classifier in Training

Fill out this page if you are applying for Soil Classifier in Training

7. Please state the address and name of current individual that directly supervises your activities, provides training, etc. By listing these individuals, you give approval for the Committee to contact them directly in inquiring about your qualifications. All training must be documented. List below the name of the individual(s) responsible for your training in chronological order. Please list the phone numbers as well as periods which this individual directly supervised and provided training. (attach sheets if needed)

Supervisor: _____ Phone number _____

Title: _____

Employment start date _____ Employment end date _____

Supervisor: _____ Phone number _____

Title: _____

Employment start date _____ Employment end date _____

What is the date that you completed all educational requirements required for Soil Classifier in Training?

What is the date that you started working under direct supervision of the individual providing training?
Was it full time or part time? Number of hours per week?

Please describe in detail the training procedures, which you have been following while under direct supervision of the Soil Classifier who provides training. (attach answers on a separate sheet of paper)

Please give an accurate estimate as to the amount of one on one, side by side, time spent mapping and classifying soils in the field with the individual who provides direct supervision and training

8. EDUCATION. Include in chronological order attendance at each educational institution beyond high school. Applicant should arrange for transcripts to be transmitted directly to the Committee. Only original transcripts will be accepted. Photocopies will not be accepted.

Name and Location of School: _____
Dates of attendance from _____ (Mo/Yr.), to _____ (Mo/Yr.)
Major: _____ Degree received: _____
Date degree received _____ (Mo/Yr.) _____

Name and Location of School: _____
Dates of attendance from _____ (Mo/Yr.), to _____ (Mo/Yr.)
Major: _____ Degree received: _____
Date degree received _____ (Mo/Yr.) _____

Name and Location of School: _____
Dates of attendance from _____ (Mo/Yr.), to _____ (Mo/Yr.)
Major: _____ Degree received: _____
Date degree received _____ (Mo/Yr.) _____

Name and Location of School: _____
Dates of attendance from _____ (Mo/Yr.), to _____ (Mo/Yr.)
Major: _____ Degree received: _____
Date degree received _____ (Mo/Yr.) _____

Name and Location of School: _____
Dates of attendance from _____ (Mo/Yr.), to _____ (Mo/Yr.)
Major: _____ Degree received: _____
Date degree received _____ (Mo/Yr.) _____

9. List the specific courses and credit hours (note whether semester or quarter hours) that fulfill the requirements specified in the Department of Human Resources Manual for Onsite Sewage Management Systems (page C-15). Use additional pages if necessary.

_____	credit hours _____	semester or quarter (circle one)
_____	credit hours _____	semester or quarter (circle one)
_____	credit hours _____	semester or quarter (circle one)
_____	credit hours _____	semester or quarter (circle one)
_____	credit hours _____	semester or quarter (circle one)
_____	credit hours _____	semester or quarter (circle one)
_____	credit hours _____	semester or quarter (circle one)
_____	credit hours _____	semester or quarter (circle one)

10. Has any other professional soil scientist or professional soil classifier registration board, organization, or other entity denied you registration/certification/license, revoked or declined same?
Yes No (circle one) If answer is yes, explain on a separate sheet.

11. Page N-4 of the Georgia Manual for Onsite Sewage Management Systems requires that Soil Classifiers submit evidence of current errors and omissions insurance or other comparable indemnification in the amount of \$1,000,000. Do you currently carry such insurance? Yes No (circle one). If yes, please provide documentation that shows the name of the company, policy number, contact information and policy periods below:

If you currently do not carry such insurance, please note it is not required to submit the application. However, if your application is accepted and you pass the written examination, you must furnish proof to the Soil Classifiers Certification Advisory Committee that you maintain a professional liability policy as specified in the Georgia Manual for Onsite Sewage Management Systems prior to being granted certification and a stamp/seal.

12. TRAINING AND EXPERIENCE: List and describe your professional experience beginning with your most recent position. Give complete addresses. You may use and attach separate sheets if necessary (Do not limit your response to the space provided below and tell exactly what you actually did). The Board may request verification of any or all experience and training.

Firm/Agency/University: _____

Address _____

Phone Number _____

Supervisors Name _____

Position/Title _____

Dates from _____ (Month/Year) to _____ (Month/Year)

Job Description: *(List job descriptions and % of time per activity on an annual basis (should total 100%))*

Firm/Agency/University: _____

Address _____

Phone Number _____

Supervisors Name _____

Position/Title _____

Dates from _____ (Month/Year) to _____ (Month/Year)

Job Description: *(List job descriptions and % of time per activity on an annual basis (should total 100%))*

Firm/Agency/University: _____

Address _____

Phone Number _____

Supervisors Name _____

Position/Title _____

Dates from _____ (Month/Year) to _____ (Month/Year)

Job Description: *(List job descriptions and % of time per activity on an annual basis (should total 100%))*

Firm/Agency/University: _____

Address _____

Phone Number _____

Supervisors Name _____

Position/Title _____

Dates from _____ (Month/Year) to _____ (Month/Year)

Job Description: *(List job descriptions and % of time per activity on an annual basis (should total 100%))*

Firm/Agency/University: _____

Address _____

Phone Number _____

Supervisors Name _____

Position/Title _____

Dates from _____ (Month/Year) to _____ (Month/Year)

Job Description: *(List job descriptions and % of time per activity on an annual basis (should total 100%))*

Firm/Agency/University: _____

Address _____

Phone Number _____

Supervisors Name _____

Position/Title _____

Dates from _____ (Month/Year) to _____ (Month/Year)

Job Description: *(List job descriptions and % of time per activity on an annual basis (should total 100%))*

13. Please list other professional registrations, licenses or certifications that you currently hold.

14. Please submit 5 examples of your recent work. This should primarily consist of soil mapping, classification and the description and interpretations of soil data. Soil maps you have produced which have been used in the permitting of onsite sewage disposal systems should be submitted foremost as examples. Please put all 5 examples in a large envelope (or suitable package) and label as "Examples of work" printing your name on the outside of envelope. Submit with application.

15. REFERENCES. List the names of four references who can attest to your character, reputation, responsibility, integrity and competence. Have them communicate directly with the Committee using the Professional Reference Form provided. At least one of the references must be submitted by a Soil Classifier or person eligible for Certification familiar with your work. You are encouraged, but not required to list your most recent supervisor(s) listed in item 14, as references. Do not list relatives or persons working under your supervision.

Reference's Name _____

Reference's Name _____

Reference's Name _____

Reference's Name _____

16. AFFIDAVIT and NOTARIZATION.

I understand that I may be required to furnish additional information if requested by the Committee.

I hereby certify that I have read the rules and regulations of the Department of Public Health for Soil Classifiers. I further certify that the information contained in this application (including attached sheets) is true and correct to the best of my knowledge.

Signature of Applicant _____

Name exactly as you want it to appear on your Certificate and Seal:

County of _____ State of _____

Sworn to and subscribed before me, this _____ day of _____, year of _____

Notary Public

My commission expires _____

SEAL