

NATIONAL ASSOCIATION OF STATE BOARDS OF GEOLOGY (ASBOG®)
GEOLOGY EXAMINATION CANDIDATE REQUEST FORM (2015)

SECTION I - TO BE COMPLETED BY AUTHORIZED STATE MEMBER BOARD REPRESENTATIVE BEFORE RELEASE TO CANDIDATE:

Examination Date: _____ **Deadline for submission:** _____

_____ *has approved* _____

STATE MEMBER BOARD ISSUING APPROVAL

CANDIDATE'S FULL NAME

to sit for the **Fundamentals of Geology (FG) \$150.00**

Practice of Geology (PG) \$250.00

(Check only the part(s) for which Candidate is receiving approval to sit this Administration.)

Signature of approving authority: _____ **Date:** _____

SECTION II - TO BE COMPLETED BY CANDIDATE:

This original "Candidate Request Form" and the prescribed fee(s) must be received in the ASBOG® office by the date shown above. After this date, the Candidate will be subject to an additional \$25.00 late fee per examination part. There will be no exceptions. ♦ Send payment only for the examination(s) for which you have been pre-approved to sit as indicated above. ♦ *All fees shall be submitted by check or cashiers check made payable to ASBOG®, by credit card using the ASBOG® Credit Card Payment Form, or using PayPal.* ♦ For more information or to download the credit card payment form, please visit www.asbog.org/pmt_options.html ♦ Do not send cash. ♦ Fees will be forfeited by any Candidate who does not appear for the scheduled examination. ♦ There will be no deferral or refund of examination fees. ♦ Candidate should forward a copy of the completed "Candidate Request Form" to the State Member Board (unless different instructions are provided by the approving authority whose signature is shown above). ♦ It is recommended that the Candidate retain a copy of the completed "Candidate Request Form" for reference. ♦ Approving authority will provide the Candidate guidance regarding the location of the examination site and required arrival time, etc.

BY MY SIGNATURE AND SUBMISSION OF THE REQUIRED EXAMINATION FEE AMOUNT SHOWN BELOW, I confirm that (1) I understand that ASBOG® is not affiliated with, does not provide information for, and does not endorse, any examination preparation course, study guide, or publication other than its own "Professional Geologists Candidate Handbook" (available on the ASBOG® Web site), (2) I understand that I will be required to execute a "Statement of Examination Compliance" at the examination site pledging to neither give nor receive information concerning individual examination problems, questions, solutions or answers, nor transmit such to any third party, before, during, or after an Examination, whether orally, in writing, by telephone, during any Internet "chat room" sessions or otherwise (failure to execute the "Statement of Examination Compliance" will preclude me from sitting for the examination), (3) I understand that ASBOG® does not release scores directly to candidates and that I must contact my authorizing State Member Board to acquire any information regarding my examination score(s) or licensure/registration status, and (4) I understand that there will be no deferral or refund of my examination fees. I accept all conditions set forth herein.

CANDIDATE'S FULL NAME

CANDIDATE'S E-MAIL ADDRESS (For notification of examination site location and start time, & by ASBOG® for receipt, if requested.)

MAILING ADDRESS:

DAYTIME PHONE NUMBER:

CITY STATE ZIP

Fee Amount Paid: \$ _____

PAYMENT TYPE: Check or Cashiers Check Credit Card using ASBOG® Credit Card Payment Form *or* PayPal

RECEIPT REQUESTED BY EMAIL: No Yes

SIGNATURE OF CANDIDATE

DATE

<u>REGULAR MAIL DELIVERY</u> Post Office Box 5219 Douglasville, GA 30154	<u>OVERNIGHT STREET DELIVERY VIA FEDEX, UPS, ETC.</u> ASBOG 6000 Stewart Parkway, P.O. Box 5219 Douglasville, GA 30154	<u>ASBOG® CONTACT INFORMATION</u> Voice: 678-713-1251 FAX: 678-839-4071 Email: dsneyd@asbog.org Web Site: www.asbog.org
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