

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Application for Soil Classifier

Name:

Date of Application:

Applying for (check all applicable):

Soil Classifier in Training (SCIT)

Soil Classifier (SC)

SCIT with 4-year training plan now completed

Certified through another state and applying for reciprocity

Application Check List

Check box if included	Check box if previously submitted	Application Requirements
		Completed Application (signed and notarized)
		Application Fee (\$100)
		Educational Courses Listed and Original Transcripts Provided
		Four Professional References
		Comprehensive Training Plan (if applying for SCIT)
		Additional Requirements for SC Application
		Passing Score on Fundamentals of Soil Science (APSS) Exam <i>www.soils.org/certifications/exam-information</i>
		Letter from Approved Soil Classifier Verifying Proof of Training
		Soils Mapping And Classifying Experience (minimum of 4 years)
		Five Examples of Soil Mapping Work
		Field Proficiency/GA Rules & Regs Test (contact UGA to schedule)
		Code of Ethics (signed and notarized)
		Proof of \$1 Million Professional Liability Insurance Coverage
		SC Certification Fee (\$400)

Mail Application/Documents To:

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

Questions? Call 404-657-6534

COMPLETING THE APPLICATION:

This application must be fully completed (electronically), signed and notarized. It must also be accompanied by the required fee and documentation before it will be considered by the Soil Classifiers Certification Advisory Committee.

FEES:

Non-refundable fee of \$100.00 for processing and testing.

If your application is approved you will be notified with a date and location for examination.

Please do not send cash. Make checks or money orders payable to Georgia Department of Public Health.

Section 1: Contact Information

Applicants Full Name:

Home/Cell Phone:

Home Address:

Email Address:

Company Name:

Company Phone/Fax:

Company Address:

Section 2: Have you ever been convicted of a felony or misdemeanor?

Yes or No

If the answer is yes, explain on a separate sheet.

Section 3: Education

List all educational institutions attended beyond high school and include original transcripts (no photocopies).

Copy/paste the below info to add additional schools.

Name and Location of School:

From (month/year):

To (month/year):

Major:

Degree received:

Date degree received:

Section 4: Course List

List the **specific courses** that fulfill the requirements specified in the Department of Public Health’s Manual for Onsite Sewage Management Systems, as referenced below.

Must complete a minimum of 30 semester credit hours or equivalent quarter hours in the biological, physical, chemical and earth sciences with a minimum of 15 semester hours or equivalent quarter hours in soil courses meeting the following distribution:

- *A minimum of one course in soil classification, morphology, genesis and mapping;*
- *The remaining soil course credits must be in at least three of the following eight categories; introductory soil science; soil fertility; soil microbiology; soil chemistry; soil physics; soil management, soils and land use or soils and the environment; soil mineralogy; or a three credit maximum in independent study, geology, or hydrology.*

Add additional rows to the table, as needed.

Course Subject	Course Name	School	Semester Credit Hours

Section 5: Has any other professional soil scientist or professional soil classifier registration board, organization, or other entity denied or revoked you registration, certification, and/or license?

Yes or No
If the answer is yes, please explain.

Section 6: Comprehensive Training Plan (SCITs) or Completed Training/Experience (SCs)

List and describe your past professional training experience, procedures, etc and/or your plan for future training. Provide as much detail as possible – tell us exactly what work you did, do or plan to do. Copy/paste the below info to add additional jobs.

The Board may request verification of any or all experience and training.

Firm/Agency/University:

- Address:
- Phone Number:
- Supervisors Name:
- Your Position/Title:
- From (month/year):

To (month/year):

Hours/week:

Estimate as to the hours of one on one, side by side, time spent mapping and classifying soils in the field with the individual who provides or will provide direct supervision and training:

Job Description (include % of time per activity on an annual basis):

Section 7: List additional professional registrations, licenses or certifications

Section 8: 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). Do not list relatives or persons working under your supervision.

Reference's Name:

Reference's Name:

Reference's Name:

Reference's Name:

Section 9: Insurance (SCs only)

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 or No

If Yes, please provide the below information and submit a copy of the policy.

Company Name:

Policy Number:

Policy Period:

Company Contact Information:

Please note: insurance is not required to submit the application. However, if your application is accepted and you pass the written examination, you must furnish proof that you maintain a professional liability policy prior to being granted SC certification and a stamp/seal.

Section 10: Verification of Residency

In order to obtain and/or renew my status as an Approved Soil Classifier or Soil Classifier in Training, I hereby swear, under oath, that I am: (check one of the following)

- A Citizen of the United States;
- A legal permanent resident of the United States;
- A qualified alien or non-immigrant under the Federal Immigration and Nationality Act.

Official Alien Number: _____

I also swear that I am eighteen years of age or older, and that I have provided a least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1).

Copy of document provided (check one):

- Driver's license
- Birth certificate
- US Passport
- US Permanent Residence or Alien Registration Receipt Card
- Certificate of Citizenship or Naturalization
- Other (please call our office at 404-657-6534 to verify document will be accepted)

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

Section 10: 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 _____

SEAL

Notary Public
My commission expires _____