

# Wisconsin Department of Regulation & Licensing

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## EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

### PROFESSIONAL GEOLOGIST SECTION

### PEER REVIEW EVALUATION FORM

<b>Applicant's Name</b>	<b>Date</b>
<b>Type of Credential Applying For:</b>	

For applicants applying under sec. 470, Stats., submission of at least 3 "peer evaluation" forms satisfactory to the professional section completed by a registered professional who has had professional contact with the applicant's practice and who certifies that the applicant is qualified to assume responsible charge of work.

The applicant is required to complete the Peer Reviewed Project Description on page 3 and submit this form to his or her supervisor or evaluator to verify the experience received.

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### **PEER REVIEW EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION**

The applicant named above has filed an application for licensure with the State of Wisconsin. This registration depends, among other considerations, on the verification of the extent, diversity, and quality of his/her practical training and experience under a licensed professional or the persons the Section determines to have responsible charge of work as described on Page 3 by the applicant. Please assist us by supplying the information requested based upon your own personal, first-hand knowledge of the applicant. (Attach additional pages if needed.)

Name of Peer Review Evaluator \_\_\_\_\_ Title \_\_\_\_\_

Profession and specialty (if any) \_\_\_\_\_ Years of Experience \_\_\_\_\_

Name of Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Nature of Current Business \_\_\_\_\_

A peer review evaluator must meet the requirements as a licensed professional as stated under sec. 470, Stats. Please list your professional certification, credential (license) or registration.

Type	Issuing State or Organization	Number	Year Issued

# Wisconsin Department of Regulation & Licensing

**EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION TO VERIFY THE GEOLOGIST EXPERIENCE RECEIVED OR A PEER REVIEWED PROJECT**

**FOR PEER REVIEWER OF APPLICANT APPLYING BY PEER REVIEW:**

The work product we wish you to verify is described by the applicant on page 3 of this form. Please verify your peer review, the accuracy of the description of what you reviewed, and indicate your evaluation of the applicant's analysis. Include your opinion on the complexity of the problem and the thoroughness of the analysis and application of principles.

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Evaluator's signature \_\_\_\_\_ Date \_\_\_\_\_

**UPON COMPLETION, THIS FORM IS TO BE RETURNED TO THE DEPARTMENT OF REGULATION AND LICENSING BY THE EVALUATOR. (Page 3 of this form must be attached.)**

# Wisconsin Department of Regulation & Licensing

## THIS SECTION TO BE COMPLETED BY THE APPLICANT

### DESCRIPTION OF GEOLOGIST EXPERIENCE

Name of Applicant \_\_\_\_\_

Name and Business Address of Applicant's Employer at Time of Experience

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
month/year month/year

Total Experience \_\_\_\_\_ to \_\_\_\_\_ Percent of Time \_\_\_\_\_  
month/year month/year (100% if full time)

Applicant should make explicit statements listing and defining work performed, listing and defining projects for which he/she had full or partial responsibility, including statement of extent and complexity of work performed. If more space is needed attach additional sheet.