

 <p>DEPARTMENT OF ENVIRONMENT &amp; CONSERVATION</p>	 <p>Application for <b>Tennessee Qualified Hydrologic Professional</b></p>	
Certification you are applying for: _____ TN-QHP      _____ TN-QHP In-Training		
<b>General information</b>		
First Name:		
Middle Name or Initial:		
Last Name:		Suffix (Jr, Sr, III, etc.)
Mailing Address:		
City:	State:	Zip code:
Phone (include area code)		
Work:	Cell:	Home:
Fax:		
Email Address:		
<b>Application Fee \$50 (NOTE: Application fee is non-refundable)</b> Make check payable to: University of Tennessee Mail to UT WRRC, 311 Conference Center Bldg., Knoxville, TN 37996		
<b>Signature, Certification, and Release</b>		
<b>NOTE: Read the following carefully before you sign</b>		
<ol style="list-style-type: none"> <li>1. A false statement on any part of this application may be a ground for denying certification, or revoking certification after is has been granted.</li> <li>2. I understand that any information I provide may be verified by WRRC or TDEC.</li> <li>3. I consent to release information about my skills, abilities, professional ethics, work records of current and former employers, school records, and information provided by references.</li> <li>4. I certify that all information submitted in support of this application is correct and true to the best of my knowledge and that all information regarding this application will remain confidential.</li> </ol>		
Signature	Date	
Special needs? <input type="checkbox"/> If checked, someone from our office will contact you.		

**Education, Training and College:** You must provide transcripts or proof of graduation for any college education you list in this section. Unofficial or Student transcripts are acceptable. List additional schools on a separate sheet. Please include school name and location, type of degree, degree award (or expected award date) and attendance dates.

Name and Location of School (Include city and state and country if non U.S.):

Type of Degree and Major:

Month/Year Degree Awarded or Date of Expected Graduation:

Dates of Attendance:

**Education and Training, Other** List any training relevant to this certification. If you need additional space use a separate sheet and label it Education and Training, Other and use the same format as below. Under hours indicate type, i.e. college credit, PHD, CEU, Other.

Name/Description of Course	Date(s)	Hours	Training Agency	City and State

**Accreditations, Licenses and Professional Certifications.** List any licenses, certifications, etc. relevant to this certification. If you need additional space use a separate sheet and label it Accreditations, Licenses and Professional Certifications and use the same format as below.

License or Certification	Date Granted	Certifying Agency	Expiration Date

**Professional Experience**

**Complete a Professional Experience Profile for EACH job that you wish to report for this application.**

Sections 0400-40-17-.01 & .02 of the rules, requires 5 years of relevant experience. That includes regular periodic fieldwork in biological or hydrologic assessments including one wet weather conveyance determination for each year of qualifying experience. Please provide documentation of this required information in this section.

Copy this page and complete one for each employment position during the last 5 years you wish to report for consideration relating to this application. If you have experience from more than 5 years ago you want considered you may summarize it on a separate page.

Company Name:

Mail Address:

City, State, Zip

Position Title:

Start Date:

End Date:

Supervisor or Person who can verify this experience. Provide contact information if different from above.

Name:

Phone number:

Email:

Description of work

## References

### IMPORTANT

No more than two (2) references can be coworkers—that is, work for the same supervisor or manager that you do. You must supply the names and contact information of three (3) individuals who are qualified to comment on your hydrologic determination experiences.

**Please let these individuals know that you are using them as a reference for Hydrologic Professional certification and that they may be contacted.**

Your application will be delayed if we contact a reference and they are unwilling or unable to provide information related to your experiences and/or your ethics.

### Reference Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Employer \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Employer \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Employer \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_