Rhode Island Examination Information

NCEES EXAM ADMINISTRATION SERVICES FOR OCTOBER 2012

August 1 - First Time and Repeat - Deadline for applications to Board

July 15 - NCEES Exam Administration Services registration opens.

September 6 - NCEES Exam Administration Services registration deadline.

September 6 - Deadline for examinees to submit ADA and Religious Accommodation requests to NCEES (refer to NCEES Web site for application): www.ncees.org/exams/special_accommodations/

September 6 - Cancellation deadline. Examinees will receive a refund of all but $35 if they cancel online by this deadline.

2-3 weeks before exam - Distribute exam authorization notices to candidates. Candidates will be notified via email that the authorization notices are available through their online account, and should be printed to bring with them for admission on exam day.

October 5 - Any candidates who have not received their exam authorization by this date should call NCEES at 877-536-7729.

October 26 - Exam administration.

Rhode Island Examination Information

Rhode Island Approval and Registration Information

If you are planning to register for the exam in Rhode Island, read ALL information on this page before proceeding with registration.
State Approval Application Deadlines for October 2012
All Applicants (First-Time and Repeat): Postmarked by August 1, 2012

Please review all information and policies provided on the **Registration Information** page to ensure you understand the entire exam process.

If you have any questions about the process, email NCEES Exam Administrative Services using the **feedback form** or call us (877) 536-7729.

- First-time examinees must complete the Rhode Island Board's application for examination found at the **Rhode Island Board Web site (this will be a link to http://www.bdp.state.ri.us/).**

- Re-examination examinees who have been previously approved by the Rhode Island Board must submit a letter of request to the Rhode Island Board. **All repeat examinees must reschedule with the Rhode Island Board to be considered approved.**

- Once you have received approval notification from the Rhode Island Board, you must register with and pay exam fees to NCEES Administrative Services to reserve your seat for the exam.

- To ensure you receive all email communications from NCEES Exam Administrative Services without delay, please add noreply@els-examreg.org to your address book. If your email provider allows, you should also make **els-examreg.org** a safe domain for receipt of your emails.

- **Admission authorization notices:** You will receive an email from NCEES Administrative Services 3 to 4 weeks before the examination indicating that your admission authorization notice is available to be downloaded and printed for exam day. If you have problems logging in to your account, please **contact NCEES Exam Administrative Services** for assistance. A **link to the NCEES Candidate Agreement** will be in your email announcement for you to review prior to exam day. On exam day, you will be required to sign your answer sheet affirming you have read and understand the information in the **NCEES Candidate Agreement** and will abide by the stated policies, procedures, and conditions.
  - If you do not provide an email address to NCEES Exam Admintrative Services, your admission notice will be mailed to you via the U.S. Postal Service.

- **NCEES** releases exam results to the Rhode Island Board 10 to 12 weeks after the exam date.

Fees - Rhode Island application fee is $100.00

Note: If you register for an examination and have not been approved by the Rhode Island Board, your exam fee will NOT be refunded. If you are not sure whether you have been approved or whether you are eligible to sit for an examination, contact the Rhode Island Board before registering.

Exam Sites

Locations are available on a first-come, first-served basis. If the location reaches maximum capacity, you will be moved to the next available location.

Exact location, building, and room information will be on your admission authorization notice. It is your responsibility to obtain directions and ensure that you arrive at the exam site on time on the day of the exam. If you need specific driving directions, please refer to the exam site's Web site (if provided) below or use an Internet search engine such as Google or Yahoo.

Exam Times and Schedule

Review the **exam day timeline**.

Examination	Day	Date	Report time	Length	Open/Closed Book
PE	Friday	Oct 26	7:15 am	8 hours	Open Book
PS	Friday	Oct 26	7:15 am	6 hours	Open Book
FE	Saturday	Oct 27	7:15 am	8 hours	Closed Book
FS	Saturday	Oct 27	7:15 am	8 hours	Closed Book

Afternoon report times will be announced during the morning session.

Examinee admissions will take place from 7:15–7:40 a.m. **The exam room doors will be closed at 7:40 a.m. Absolutely no examinees will be allowed in the exam room after 7:40 a.m. It is your responsibility to take necessary precautions to ensure you arrive on time**. All examinees must be seated when instructions begin at 7:40 a.m.

STATE OF RHODE ISLAND

Bd. of Registration for Professional Engineers

1511 Pontiac Ave, Building 68-2
Cranston, RI 02920
(401) 462-9592 Fax: (401) 462-9532
www.bdp.state.ri.us

IMPORTANT INFORMATION

Effective 11/18/2008

Only complete application packages will be accepted in this office.

All required documentation must be in sealed envelopes and must be submitted with the application and fee. Incomplete packages will not be processed and will be returned to the applicant.

ApplicationFee $100.00No._____

IMPORTANT – Do not fill out application until you read and understand this form and the enclosed "Instruction Sheet".

RHODE ISLAND
STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS
1511 Pontiac Ave, Building 68-2, Cranston, RI 02920
(401-462-9592) (401-462-9532 Fax)

Application for Registration to Practice
Professional Engineering

1. GENERAL INFORMATION

Social Security # _____ Date _____, 20____

Name in Full _____ Phone #: _____
Last First M

Residence Address_____ ☐ *

Name of Employer_____

Business Address_____ ☐ *

* Please Check Box for Preferred Mailing Address

Present Position _____

Date of Birth_____Citizenship_____

Legal Resident of what State_____

When did you become a Resident?_____

What Section of RI G.L. 5-8-11 are you applying under_____

In what branch(s) of engineering are you proficient?_____

Have you previously applied or held registration in RI? Yes_____No_____

Attach in this space unmounted recognizable recent photograph with face not less than _ inches wide.

Photograph taken more than six months prior to filing application is not acceptable. **Professional passport type required**.

Do not use staples when attaching photograph. Paste or cellophane tape may be used.

AFFIX SIGNATURE ON PHOTO AT THE BOTTOM.

Give names, addresses, and zip codes of five or more references, not relatives, not business partners, **not members of the Board, not also given under Section 5**, not less than three of whom are registered engineers having personal knowledge of your character and professional reputation.

	Name	Address	Position	Registration Number
1.				
2.				
3.				
4.				
5.				

2. MEMBERSHIP IN SOCIETIES, ASSOCIATIONS, OR INSTITUTES
(Professional or Scientific)

Name of Organization	Grade of Membership	Date

3. PREVIOUS REGISTRATIONS

Name of State	Year Registered_____ and Cert. # _____	How Registered (written or oral examination, record only, "grandfather clause", reciprocity, etc.	Classification	Active or Lapsed

Have you taken an E.I. T. test? If so, give name of state, year and certificate # _____

Have you ever had registrations refused in any state? _____If so attach statement giving full particulars.

Have you ever had disciplinary action taken in any state? _____If so attach statement giving full particulars.

IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF A CHANGE OF ADDRESS

4. EDUCATION

(State in chronological order the name and location of each high or preparatory school, college, university, or technical school attended, the time spent at each and if a graduate, the year of graduation. If not an Engineering graduate, outline nature and extent of studies.) **SCHOOLS WITHOUT COMPLETE ADDRESSES AND ZIP CODES WILL RESULT IN THE RETURN OF THE APPLICATION.**

	Complete School Name and Address	Years From – To	Date Graduated (month & year)	Engineering Curriculum	Degree Received

5. PROFESSIONAL EXPERIENCE

(IMPORTANT – READ ALL INSTRUCTIONS IN THIS SECTION BEFORE FILLING OUT FORM)

a. Each of the five columns under "Time" should be filled out for each engagement. Use Zeros where necessary, but do not leave blank spaces and do not use the word "yes".
b. The time "In Sub-Professional Work" plus the time "In Professional Work" must equal the time entered under "Total Time". Columns 2 and 3 must equal Column 1.
c. If any of the time given as "In Professional Work" has been "In Responsible Charge" or also "In Design", enter the portion of the time thus spent in the proper column.
d. If the same period of time is spent in "Responsible Charge" and also "In Design", it should be entered in both columns (4) and (5).

APPLICANT MUST FILL OUT ALL COLUMNS

Number of Engagement	DATE		TITLE OF POSITION, NAME OF EMPLOYER, AND CHARACTER OF ENGAGEMENT (Make statement brief and concise; any necessary implications may be made by letter)	TIME In years and months					Name, Address and Zip Code of someone familiar with each engagement preferably the person to whom applicant reported
	From	To		(1) Total Time Actual	(2) In Sub-Pro-Fessional Work (Actual)	(3) In Pro-fessional Work (Actual)	(4) In Re-sponsible Charge (Actual)	(5) In ~~Desgin~~ Design (Actual)	

			Summary (Actual Time) Total						
			PLEASE DO NOT FILL IN Summary (Rated Years of Active Practice)						

SUB-PROFESSIONAL WORK is to cover the time spent as Recorder, Draftsman, Superintendent of Construction or Clerk of the works; or similar work; and also time spent as inspector when working under direct supervision or on work where the personal responsibility and technical knowledge required are small; that is, minor positions in which the responsibility is slight and the individual performance of a task, set and supervised by a superior, is all that is required. It shall also include time during which he/she has been occupied in engineering work before the applicant is 21 years of age, except as modified by statement in regard to education in the definition of Professional Work.

PROFESSIONAL WORK shall include the time after the applicant is 21 years old, during which he has been occupied in engineering work of higher grade and responsibility than that above defined as Sub-Professional Work. Time spent in teaching of Engineering subsequent to graduation shall be listed as Professional Work. Education shall be considered as Professional Work. No more than four years of active practice shall be credited because of educational qualifications.

RESPONSIBLE CHARGE OF WORK means:

a. In the field, the applicant must have had the direction of work, the successful accomplishment of which rested upon him, where he/she had to decide questions of methods of execution and suitability of materials, without relying upon advice or instructions from his/her next superiors, and of supplying deficiencies in plans or correcting errors in design without first referring them to higher authority for approval, except in cases where such approval is a mere matter of form.

b. In the office, the applicant must have had to undertake investigations or carry out important assignments, demanding resourcefulness and originality, or to make plans, write specifications, and direct drafting and computations for designs of engineering work, with only rough sketches, general information and field measurements for reference and guidance.

c. In teaching, the applicant must have taught in an engineering school of ABET standing, upon an approved curricula, and must have had, at least, a grade of assistant professor, or its equivalent.

DESIGN means all that is given above as responsible charge of work in the office and more. One qualified to design must be able in the case of any desired piece of engineering, to meet the exigencies of the case, to fulfill the requirements of local circumstances and conditions, and yet not violate any of the canons of engineering. His/her plan, when executed, must successfully answer the purpose for which it was designed.

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6. EXAMINATION RECORD

PLEASE LIST EACH AND EVERY TIME THAT YOU HAVE TAKEN THE **FUNDAMENTALS OF ENGINEERING (EIT)** EXAMINATION AND **THE PRINCIPLES & PRACTICE (PE)** EXAMINATION.

APPLICANT'S NAME & ADDRESS

_____
_____
_____

COMPLETE ALL INFORMATION REQUESTED BELOW.

EXAM	DATE	STATE	RESULTS Pass Fail

Please fill in the following:

I have taken the Fundamentals of Engineering Exam **(EIT) a total of** _____ times.

I have taken the Professional Engineer Exam **(PE) a total of** _____ times.

I am the applicant named in this application and certify under penalty of perjury that the foregoing is true and correct in every respect.

DATE EXECUTED ON: _____

PRINT NAME: _____

(This space not to be used by Applicant)

RECORD OF BOARD

Check No._____

Date _____

Name of Applicant _____Amount of fee paid $_____

Considered by Board _____ Action of Board _____

Personal interview held _____ Date _____

Date of Registration _____ Number _____

Certificate mailed _____ Discipline _____

Examination given: Engineering Fundamentals Date _____State _____Score _____

Date _____State _____Score _____

Date _____State _____Score _____

Date _____State _____Score _____

Professional Engineering Date _____State _____Score _____

Date _____State _____Score _____

Date _____State _____Score _____

Date _____State _____Score _____

Exam Reviewed By: _____

Date _____

Secretary Notes

_____

Date Application Received

Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration

- ❑ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- ❑ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- ❑ I am currently pursuing administrative review of taxes owed to the state.
- ❑ I am in federal bankruptcy. (Case #_____)
- ❑ I am in state receivership. (Case #_____)
- ❑ I have been discharged from Bankruptcy. (Case #_____)

_____
Type of Professional License for which you are applying

_____ _____
Full Name (Please Print or Type) Social Security Number (or FEIN if appropriate)

_____ _____
Signature Phone Number (including area code if not 401)

Date_____

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INSTRUCTION SHEET

Application Fee is $100.00

APPLICATION - **Applicant must submit a complete application package.** All required forms and documentation must be in sealed envelopes and attached to the application. Provide reference and verification forms with a stamped self-addressed envelope . It is imperative that all information requested on the application be completed and the photograph affixed and signed. Application and/or documentation received, which are not in sealed envelopes or are incomplete will not be reviewed or considered by the Board and **the entire application package** will be returned to the applicant.

APPLICATION DEADLINE DATE FOR EXAM - Application and all required documentation must be received or postmarked by **January 1** for the April examination and by **August 1** for the October examination. Applications received after these dates will be considered for the following test administration.

I. GENERAL INFORMATION

A. Complete all personal information. Be sure to affix your signature across your photo.

B. General Reference Form**: The information on this form pertains to the applicant**. On the application, list five (5) people, who can be used as references, not less than three (3) of whom are registered engineers and are not relatives, business partners, members of the Board. Indicate their addresses, present positions and registration numbers in the space provide. **Individuals listed in this section cannot again be listed under Section 5.**

II. MEMBERSHIP IN SOCIETIES, ETC.

A. Self-explanatory.

III. REGISTRATIONS

A. The information requested in this section relates to the state in which you were originally registered by exam as a engineer-in-training and/or professional engineer. Complete all categories.

B. You must send a Verification of Registration form to the state where you were originally registered by engineer-in-training and/or professional engineer exam. You are responsible for any verification fees. Contact the appropriate state board for verification fees. The Verification of Registration form can be sent directly to this Board or to the applicant in a sealed envelope. The applicant must send in the sealed envelope with their application.

C. Answer the remaining questions regarding your E.I.T. and information regarding any disciplinary action.

D. Supplemental Information Form - Complete in full and return.

(Over)

INSTRUCTION SHEET (cont'd.)

IV. EDUCATION

A. Rhode Island law requires a four (4) year Bachelor of Science undergraduate degree in engineering for registration.

B. You must send a Verification of Education form to the appropriate university if in the United States. The Verification of Education form can be sent directly to this Board or to the applicant in a sealed envelope. The applicant must send in the sealed envelope with their application.

C. As of September 5, 2006 if a degree is received from a foreign institution, the applicant must have his/her education evaluated through the NCEES Credentials Evaluations Servicess, 280 Seneca Creek, Seneca, SC 29678 Phone 800-250-3196, Fax 864-654-6824, and website http://www.ncces.org/Credentials_evaluations.php. The Board will only accept those evaluations dated from September 4, 2004 thru September 4, 2006 from Engineering Credentials Evaluation International (ECEI)

V. PROFESSIONAL EXPERIENCE

A. Begin with your present position.

B. Number each engagement.

C. List "from and to" dates in months and years.

D. Please note: The Board only recognizes experience obtained **after** receipt of a Bachelor of Science degree in Engineering.

E. Fill in title of position, name of employer and a **detailed** description of duties and responsibilities, **not projects**. If this description does not fit in the block provided on the application, an attachment must be submitted accordingly. **This information must also be inserted on the Verification of Professional Experience forms**. Each engagement requires **a separate Verification of Professional Experience form**.

F. Indicate the name and address of the individual familiar with each engagement who will be responsible for completing the Verification of Professional Experience form.

G. Time columns are to be broken down into five (5) sections as indicated on the application. Definitions of each column are given at the bottom of Section 5 on the application. Complete all five (5) columns at the bottom of this section. **Do not leave blank columns**.

H. You must complete the summary (actual time) total for all five (5) columns at the bottom of this section. **Do not leave blank columns.**

CHECKLIST…Please verify that the following are included in your application.

- ☐ Verification of Education in a sealed envelope. .
- ☐ All information in Section 1 is completed in full.
- ☐ Signature on your affixed photograph.
- ☐ Examination Record
- ☐ Tax Payer Affidavit. __ Selection of exam module

Check for $100.00 payble to: Treasurer, State of RI.

- ☐ Five (5) General reference forms in sealed envelopes.
- ☐ Verification of Professional Experience forms in sealed envelopes.
- ☐ Verification of Registration from the state board of initial registration in a sealed envelope.

Please indicate in the appropriate block below which afternoon module you wish to take. You may only choose one (1) module and you will not be allowed to change your choice at any time.

- ☐ CIVIL – CONSTRUCTION
- ☐ CIVIL – GEOTECHNICAL
- ☐ CIVIL – STRUCTURAL
- ☐ CIVIL - TRANSPORTATION
- ☐ CIVIL – WATER RESOURCES & ENVIRONMENTAL

- ☐ ELECTRICAL & COMPUTER - COMPUTERS
- ☐ ELECTRICAL & COMPUTER – ELECTRONICS, CONTROLS AND COMMUNICATION
- ☐ ELECTRICAL & COMPUTER – POWER

- ☐ MECHANICAL – HVAC and REFRIGERATION
- ☐ MECHANICAL – MACHINE DESIGN
- ☐ MECHANICAL – THERMAL and FLUIDS SYSTEMS

- ☐ CHEMICAL
- ☐ [illegible]
- ☐ ENVIRONMENTAL

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STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

RULES OF THE BOARD
IV- EXAMINATIONS (2.)

SUBJECT: Board Policy on the number of times an applicant may be allowed to take the Fundamentals of Engineering (FE) or Professional Engineer (PE) exams.

1. That a qualified applicant will be allowed to take the FE or PE exam a total of three (3) times. This would be an aggregate total regardless of where the exam was taken.

2. An applicant who has failed three (3) times, may request permission to take the exam for a fourth and final time, if:

    a) Their score on their last attempt was a minimum of sixty (60) and

    b) They agree to take and complete an appropriate review course or graduate courses in areas of their deficiency and submit written proof to the Board of having successfully completed such course or courses.

3. An applicant who fails the FE or PE exam a total of four (4) times, regardless of where or when the exam was taken, shall not be allowed to take the exam in Rhode Island, nor be granted a registration by reciprocity or comity should they pass it at a future date in a different state or jurisdiction.

4. An applicant who does not properly inform the Board of previous attempts to pass the exam in another state or jurisdiction, if such information comes to the Board's attention, shall be barred from taking any more exams in Rhode Island or shall have any license gained in Rhode Island revoked.

5. If an applicant obtains an additional engineering degree from an ABET accredited school then the Board may grant relief from these provisions for good cause shown.

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GENERAL REFERENCE FORM

APPLICANT'S NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

To: _____ _____
_____ _____
_____ _____

The above listed individual has filed an application for a certificate of qualification as a Professional Engineer with this Board. Please complete the information requested below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

1. GENERAL INFORMATION

PRESENT POSITION OF APPLICANT	NUMBER OF YEARS KNOWN	NUMBER OF YEARS ENGAGED IN ACTIVE ENGINEERING	NUMBER OF YEARS IN RESPONSIBLE CHARGE OF ENGINEERING WORK	NUMBER OF YEARS ENGAGED IN DESIGN OF ENGINEERING WORK

Applicant's character and personal reputation are _____

In your opinion is the applicant competent to be placed in responsible charge of important engineering work? _____

_____

Remarks: _____

AUTHORIZED SIGNATURE: _____ **TELEPHONE NO.** _____

PRINT NAME: _____

TITLE: _____ **DATE:** _____

Are you a Registered Professional Engineer? _____ **Yes** _____ **No**

Revised: 11/18/2008

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VERIFICATION OF REGISTRATION

STATE BOARD NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

To: _____

_____

_____

APPLICANT'S NAME & ADDRESS

_____

_____

_____

Social Security No: _____

Date of Birth: _____

I. THE ABOVE NAMED PERSON WAS REGISTERED AS:

		Certificate No.	Date Issued	Valid until
ENGINEER IN TRAINING	☐ **FE**	_____	_____	_____
PROFESSIONAL ENGINEER	☐ **PE**	_____	_____	_____

II. BASIS OF REGISTRATION:

☐ **1. WRITTEN EXAMINATION**

	Hours	Score	Waived	Exam Date	NCEES
Fundamentals of Engineering (FE)	_____	_____	_____	_____	_____
Principles & Practice of Engineering (PE)	_____	_____	_____	_____	_____

EXAM DISCIPLINE: _____If your state does not license by discipline please check here_____.

☐ **2. ORAL EXAMINATION:** **FE Hours:** _____ **PE Hours:** _____

☐ **3. E.I.T. ACCEPTED FROM:** _____

☐ **4. P.E. ACCEPTED FROM:** _____

☐ **5. EDUCATION AND EXPERIENCE**: If less than 8 years experience including graduation from ECPDD engineering curriculum, please check here_____ and give details on the other side.

☐ **6. OTHER:** Please give full details on the other side.

III. QUESTIONS:

	Yes	No
1. Has any disciplinary action ever been taken against the applicant?	_____	_____
2. If so, has this disciplinary case been satisfied to the Board's requirements?	_____	_____

If not, give details. _____

IV. _____ PLEASE SEE OTHER SIDE FOR FURTHER EXPLANATION OR COMMENTS.

AUTHORIZED SIGNATURE: _____ **TELEPHONE NO.** _____

PRINT NAME: _____

TITLE: _____ **DATE:** _____

Revised: 11/18/2008

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VERIFICATION OF PROFESSIONAL EXPERIENCE

APPLICANT'S NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

To: _____ _____

_____ _____

_____ _____

The above listed individual has filed an application for a certificate of qualification as a Professional Engineer with this Board. Please complete the requested information below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

5. PROFESSIONAL EXPERIENCE

DATES FROM	TO	NAME OF EMPLOYER	SUB-PROFESSIONAL WORK (YRS.)	PROFESSIONAL WORK (YRS.)	RESPONSIBLE CHARGE (YRS.)	DESIGN (YRS./MONTHS)

List position and a brief description of duties and responsibilities: _____

_____

_____

In your opinion is the applicant qualified to have responsible charge of important engineering work? _____

In your opinion is the applicant qualified to design engineering work? _____

In your opinion, the applicant's character and personal reputation are _____

Remarks: _____

AUTHORIZED SIGNATURE: _____ **TELEPHONE NO.** _____

PRINT NAME: _____

TITLE: _____ **DATE:** _____

Revised: 11/18/2008

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VERIFICATION OF EDUCATION

UNIVERSITY NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

To: _____

_____

_____

APPLICANT'S NAME & ADDRESS

_____

_____

_____

Social Security No: _____

Date of Birth: _____

The above listed individual has filed an application for a certificate of qualification as a Professional Engineer with this Board. Please complete the information requested in the sections below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information secured from references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

The Rhode Island State Board of Registration for Professional Engineers requires that the specific "Type of Degree(s) Received" be filled in by the Registrar's Office. (i.e., B.S. in Civil Engineering)

4. EDUCATION

YEARS FROM	YEARS TO	DATE GRADUATED	TYPE OF DEGREE RECEIVED

Remarks: _____

AUTHORIZED SIGNATURE: _____ **TELEPHONE NO.** _____

PRINT NAME: _____

TITLE: _____ **DATE:** _____

Revised: 11/18/2008

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VERIFICATION OF PROFESSIONAL EXPERIENCE

APPLICANT'S NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

To: _____ _____

_____ _____

_____ _____

The above listed individual has filed an application for a certificate of qualification as a Professional Engineer with this Board. Please complete the requested information below and furnish any additional information, which may be of value to the Board when reviewing the application.

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5. PROFESSIONAL EXPERIENCE

DATES FROM	TO	NAME OF EMPLOYER	SUB-PROFESSIONAL WORK (YRS.)	PROFESSIONAL WORK (YRS.)	RESPONSIBLE CHARGE (YRS.)	DESIGN (YRS./MONTHS)

List position and a brief description of duties and responsibilities: _____

_____

_____

In your opinion is the applicant qualified to have responsible charge of important engineering work? _____

In your opinion is the applicant qualified to design engineering work? _____

In your opinion, the applicant's character and personal reputation are _____

Remarks: _____

AUTHORIZED SIGNATURE: _____ **TELEPHONE NO.** _____

PRINT NAME: _____

TITLE: _____ **DATE:** _____

Revised: 11/18/2008