

# Professional Geologist

# FG Exam

This form is designed for applicants who wish to take the Fundamentals of Geology (FG) examination before acquiring the professional geologic work experience required for licensure. Submit your completed application, \$115 application fee, course reporting form and transcripts to the following address: *TN Professional Geologist Licensing Program, 500 James Robertson Parkway, Nashville, TN 37243*. Make checks payable to State of Tennessee.

**Full Name:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

CITY

STATE

ZIP CODE

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

1. Have you successfully completed your degree? *If yes, please list your highest degree obtained. If no, please list your estimated graduation date.*

\_\_\_ **Yes**      \_\_\_ **No**

Degree Obtained: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

2. Have you completed a minimum of thirty (30) semester or forty-five (45) quarter hours in geology, its related fields, or its subdivisions?

\_\_\_ **Yes**      \_\_\_ **No**

3. Have you previously applied for licensure as a geologist in the state of Tennessee?

\_\_\_ **Yes**      \_\_\_ **No**



**ACADEMIC HISTORY**

*Attach additional pages as necessary.*

**1. School Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_ **Major:** \_\_\_\_\_

**Did you graduate?** \_\_\_ Yes \_\_\_ No **Degree Type:** \_\_\_\_\_

**2. School Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_ **Major:** \_\_\_\_\_

**Did you graduate?** \_\_\_ Yes \_\_\_ No **Degree Type:** \_\_\_\_\_

**3. School Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_ **Major:** \_\_\_\_\_

**Did you graduate?** \_\_\_ Yes \_\_\_ No **Degree Type:** \_\_\_\_\_

**READY TO SUBMIT?** Make sure to include:

1. FG EXAM APPLICATION *Complete, include \$115 application fee*
2. COURSE REPORTING FORM *List 30-45 hours of qualifying credits*
3. OFFICIAL TRANSCRIPTS *Demonstrate completion of those credits*

