## BOARD OF NATURAL SCIENTISTS' SOIL OR WETLAND SCIENTIST APPRENTICE ADDENDUM TO THE UNIVERSAL APPLICATION FOR INITIAL LICENSURE

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st the State in which you were fi	rst registered or certif	fied as a Natur	al Scientist Apprenti	ce:	
ate of Certification:	Certificate #:	Ceri	ified by examination	n: Yes:	or No:
			inea by examination	. 105	
the Certificate still valid?:	If not, state reaso	on:			
st Membership in Professiona	l or Scientific Associ	ations:			
Name of Organization	Location		Grade or Membership		Date
COURSE TITLE	COURSE	E DATES	EDUCATIONAL	L SEMES	TER HOURS
COURSE TITLE	COURSE TO	E DATES FROM	EDUCATIONAL INSTITUTION	L SEMES AWAR	TER HOURS DED
COURSE TITLE					
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List any additional educationa	ТО	FROM	INSTITUTION	AWAR	DED
List any additional educationa Licensure": INSTITUTION AND LOCATION Colleges and Universities:	TO  Il institutions attende	FROM	INSTITUTION  not listed on the "Un	AWAR	DED  Olication for Initial
List any additional educationa Licensure":  INSTITUTION AND LOCATION  Colleges and Universities: 1.	TO  Il institutions attende	FROM	INSTITUTION  not listed on the "Un	AWAR	DED  Dication for Initial
List any additional educational Licensure":  INSTITUTION AND LOCATION  Colleges and Universities:  1. 2.	TO  Il institutions attende	FROM	INSTITUTION  not listed on the "Un	AWAR	DED  Olication for Initial
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List any additional educational Licensure":  INSTITUTION AND LOCATION  Colleges and Universities:  1.  2.  3.	TO  Il institutions attende  FROM	FROM	INSTITUTION  not listed on the "Un	AWAR	DED  Olication for Initial
List any additional educational Licensure":  INSTITUTION AND LOCATION  Colleges and Universities:  1.  2.  3.  4.	TO  Il institutions attende  FROM	FROM	INSTITUTION  not listed on the "Un	AWAR	DED  Dication for Initial

## 4. Professional Experience

This information described below is a summary of your employment and should start with your first employer.

Date of Employment	1. Name of Employer- Title of Position	Name and present address of someone familiar with each position, preferably person to whom applicant reported or with whom they were associated.		
Indicate years	2. Location of Each Position			
From to	3. Degree of Responsibility	associated.		