BOARD OF ARCHITECTURE ▪ ENGINEERING
LAND SURVEYING ▪ LANDSCAPE ARCHITECTURE
GEOSCIENCE ▪ INTERIOR DESIGN

85 East 7th Place, Suite 160, Saint Paul, MN 55101-2113
Phone: (651) 296-2388 • Email: aelslagid@state.mn.us • Web: mn.gov/aelslagid

APPLICATION FOR PROFESSIONAL SOIL SCIENTIST (PSS) EXAM INSTRUCTIONS

Application Packet Contents

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Optional Forms
Read the instructions to determine which (if any) of the forms below you might need.
- Request for Accommodation
- Verification of Examination/Licensure

Key Information

- Application deadlines are posted on the Board's website. **It is your responsibility** to complete forms and have third parties forward any documents noted in the instructions by those deadlines. **All** required forms and documents must be received **prior to Board consideration of your application.**
- Please read the PSS application requirements (Minnesota Rules 1800.3910-3930) prior to applying.
- If any records are under a different name, include with the application a copy of your marriage license, divorce decree or legal name change document.
- If approved, you will be instructed by letter regarding how to registered for the exam with CSSE/SSSA.
- Upon passing the PSS, you will receive a letter of instruction for obtaining your professional license.

Application Steps

1. Complete all parts of the application form (pages 1-6).
2. Complete the "Applicant" portion of the Experience Reference Form and send to your supervisor(s) for completion. See that form for detailed instructions. Applicants who fit the "exception" above and have updated experience must also submit the Experience Reference Form for that experience.
3. Request transcripts for all degrees/credits earned. The transcript must show any degree(s) awarded and the date(s) of graduation. If you hold a foreign degree, you must have your education evaluated through Educational Credential Evaluators (ECE). Request a **course-by-course analysis** evaluation. Have your evaluation (if applicable) and transcript(s) sent **directly** from the institution to the Board by email (aelslagid@state.mn.us) or via mail.
4. FSS Exam results: If you did **NOT** take the FSS in **Minnesota**: Complete the Verification of Exams and Current Licensure Form and send to the state that holds your soil science exam records **and** to a state where you are currently licensed (if applicable and if different), along with any fee they may require*, and a stamped envelope addressed to the Minnesota Board (see address above).

   * Some states charge a fee for verification of your records. To avoid delay in processing your request, you may wish to contact your state to determine if there is a fee or any additional instructions.
5. **Mail the application, the fee of $75.00, and any required supporting documents to the address above.** Make your signed check or money order payable to **MN Board of AELSLAGID**.

Please refer to the schedule of exam dates, Board application deadlines, and exam registration windows located on the Board's Soil Science page at:

https://mn.gov/aelslagid/professions/soil-science.jsp#tab-4

If you have questions regarding your application, please call the Board office at (651) 296-2388.

NOTICE REGARDING SPECIAL ACCOMMODATIONS

To request special accommodation for the **Professional Soil Scientist Exam**, send the Accommodation Request Form with your application.

A BRIEF SUMMARY OF YOUR RIGHTS UNDER THE AMERICANS WITH DISABILITIES ACT

INTRODUCTION

The Americans with Disabilities Act ("ADA") covers "public entities." The Board is a "public entity" covered by the ADA. The Board may not refuse to allow a person with a disability to take the examination simply because the person has a disability. It must permit persons with disabilities to take the examination in an integrated setting unless separate or different measures are necessary to ensure equal opportunity. It must eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to take the examination.

WHO IS COVERED?

The ADA provides comprehensive civil rights protection for "qualified individuals with disabilities." An "individual with a disability" is a person who: 1) has a physical or mental impairment that substantially limits a "major life activity," 2) has a record of such an impairment, or 3) is regarded as having such an impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Individuals who currently engage in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of their current illegal use of drugs.

A "qualified" individual with a disability is one who meets the essential eligibility requirements for the examination. The Board is not required to take any action that would result in a fundamental alteration in the nature of the examination or an undue financial and administrative burden. However, the Board must take any other action, if available, that would not result in a fundamentals alteration or undue burdens but would ensure that individuals with disabilities receive the benefits or services.

WHAT IS REQUIRED?

The Board is required to make reasonable modifications in any policies, practices, and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration in the examination would result. To do so, it must furnish auxiliary aids and services when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result. The Board may not place special charges on individuals with disabilities to cover the costs of measures necessary to ensure nondiscriminatory treatment, such as making modifications required to provide program accessibility or providing qualified interpreters. Finally, it must operate the examination so that, when viewed in its entirety, it is readily accessible to and usable by individuals with disabilities.

Integration of individuals with disabilities into the mainstream of society is fundamental to the purposes of the ADA. The Board may not provide the examination to individuals with disabilities through programs that are separate or different, unless the separate programs are necessary to ensure that the benefits and services are equally effective. Even when separate programs are permitted, an individual with a disability still has the right to choose to participate in the regular program. The Board cannot require an individual with a disability to accept a special accommodation or benefit if the individual chooses not to accept it.

QUESTIONS?

If you have any questions about the ADA we encourage you to call the United States Department of Justice, which has an ADA information line, at (202) 514-0301 (voice) or (202) 514-0381/0383 (TDD). These telephone numbers are not toll-free numbers.

NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to approve your application or issue your license.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, Subd. 4 (2024) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, Subd. 2 (2024), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless it is required by law.

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CLEAR FORM

PRINT FORM

REQUEST FOR SPECIAL ACCOMMODATION (PSS EXAM)

Complete this form **only if you are requesting special accommodation for the PSS Exam** (see information on page Instr-2 and below).

The ADA requires this agency to make "reasonable accommodation" for applicants with disabilities in giving this examination. If you are a person with a disability that may affect your ability to enter the examination facility or to take any portion of the examination, the ADA may require us to provide alternative examination arrangements. We are not required to do so if we are unaware of your need for accommodations. We ask that you inform us of any alternative arrangement you may require to take this examination. Please complete the following information:

Legal Name _____
(First) (Middle) (Last) (Suffix)

Street Address (No PO boxes) _____ Phone # _____

City _____ State/Province _____ ZIP/Postal Code _____

REQUIRED! ▶ ☐ I have attached supporting documentation from a qualified professional that describes the disability and the resulting functional limitations and explains the need for the requested accommodations.

Examples of reasonable accommodations include (but are not limited to) readers, oral interpreter or enlarged print.
Describe in detail your accommodation request (use additional pages, if necessary):

THIS SECTION FOR BOARD USE ONLY

☐ APPROVED ☐ DENIED*
Signature
Printed Name
Date

Type of accommodation (reader, hearing impaired, etc.):

*If denied, include copy of denial letter in applicant file.

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FOR BOARD USE ONLY
Application #

APPLICATION FOR PROFESSIONAL SOIL SCIENTIST (PSS) EXAM

Application Fee: $75

Please refer to the schedule of exam dates, Board application deadlines, and exam registration windows located on the Board's Soil Science page at:

https://mn.gov/aelslagid/professions/soil-science.jsp#tab-4

FOR BOARD USE ONLY
License #
Date License Issued
License Fee $

CLEAR FORM

PRINT FORM

Part A: Applicant Information (All fields are required.)

Note: If any of the information below changes after you submit this application, you must notify the Board immediately.

1. Are you or your spouse an active duty military member? Or have you left service in the last two years with an honorable or general discharge? ☐ Yes (Priority processing) ☐ No

2. The address below is my (check one): ☐ Home ☐ Business If **business**, list name: _____

3. General/contact information (your **full legal name** is required):

Full Legal Name _____
(Legal FIRST Name) (Legal MIDDLE Name) (Legal LAST Name) (Suffix)

☐ I have no legal middle name

Former Name _____
(if applicable)

US SS # _____
(or ITIN, if no US Social Security #)

Street Address _____
(no PO Boxes)

Gender ☐ Male ☐ Female

City _____ State/Province _____

Birth Date _____
(MM/DD/YYYY)

ZIP/Postal Code _____ Country (if not USA) _____

Phone # _____

Email address _____

4. Have you previously taken this examination in Minnesota? ☐ Yes ☐ No

Applicant Name: _____

Part B: Record of Examination(s) and Licensure

1. Have you taken and passed the Fundamentals of Soil Science (FSS) Exam? ☐ Yes ☐ No

If **yes**, provide the information below:

State Where You Passed FSS Exam	Month and Year Taken	Number of Exam Hours	Were you granted a waiver of the FSS Exam?
			☐ Yes ☐ No

If **no**, and you are requesting a waiver because you have a **geology or soil science doctorate**, check this box (See Minnesota Rules 1800.3910 for all waiver requirements.): ☐

2. List all states (other than Minnesota) or countries in which you **currently** hold a professional soil science license. Attach a sheet if needed. (Leave table blank if not applicable.)

WHERE LICENSED	LICENSE #	DATE ISSUED (MM/YYYY)	CHECK METHOD FOR EACH LICENSE			
			Written Exam–List Number of Hours:	Oral Exam	Exemption (Grandfather Clause)	Comity

3. Have you ever had a license/certificate in any jurisdiction as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer disciplined, denied, surrendered, suspended or revoked? If **yes**, attach a statement of explanation. ☐ Yes ☐ No

Part C: Education

List all undergraduate and graduate education. **You must submit an official transcript** from each educational institution. If you hold a foreign degree, you must request a credential evaluation. See instructions for details.

College/University Attended	City, State, Country	Date Graduated (mm/yyyy)	Degree Received

Applicant Name: _____

Part D: Coursework

List the soil science courses and credits you have taken to fulfill the areas of study credit requirements specified in Minnesota Rules 1800.3910, Subp. 5B.

If completing this form electronically, use the drop-down menus to select the course credit type (semester [S] or quarter [Q]*) and to specify the soil science area or select "Closely Related Geoscience"** If completing by hand, write this information in the appropriate form field. Attach additional pages as necessary. You need a minimum of 30 semester or 45 quarter hours as detailed below:

- 16 semester or 24 quarter hours in soil science, with a minimum of 2 semester or 3 quarter hours in **each of the following** soil science areas: **(A)** soil physical properties, soil biophysical environment, or soil water relations; **(B)** soil chemical properties or soil chemical processes; **(C)** soil biological properties, soil biochemical process, environmental ecology, or soil microbial ecology; and **(D)** soil genesis, soil classification, pedology, or soil morphology. See Minnesota Rules 1800.3910 Subp. 5B(2).
- **AND** an additional 14 semester or 21 quarter hours in closely related geoscience courses. See Minnesota Rules 1800.3910 Subp. 5B(3).

Course Title	Credits		Institution	Soil Science Area **Or "Closely Related Geoscience"	
	Qty	*S or Q		Area A, B, C, D or Geo	Description

Applicant Name: _____

Part E: Experience References (Qualifying Experience)

Note: Qualifying experience is calculated up to the day you submit your application — NOT the date you take the exam. The amount of experience required depends upon your education. Please read Minnesota Rules 1800.3910 Subp. 3B and Subp. 6.

1. List all your supervisor(s)* and their company name and address that will verify all your required qualifying experience. Attach additional sheets if necessary.

   * **Your experience must be verified by supervisors who are licensed geologists, licensed soil scientists, or licensed professional engineers with qualified education and experience in the soil science discipline.**

Supervisor Name (List in Chronological Order)	Business Name & Address	Employment Dates Under Supervisor	License Number *	Issuing State

2. Provide an Experience Reference Form (included in this application packet) with the "applicant" (your) portion completed to **all the supervisors listed above**. See that form for further instructions.

Part F: Rules of Professional Conduct (Minnesota Rules 1805.0100-1805.1600)

Read below, then sign and date. Keep a copy for your records.

Printed Name **Date**

Signature

1805.0100 PROFESSIONAL CONDUCT.

Subpart 1. Purpose. This chapter on professional conduct is adopted for the purpose of implementing the laws and rules governing the practice of architecture, engineering, land surveying, landscape architecture, and geoscience, and the use of the title of certified interior design.

Subp. 2. Scope. This chapter is applicable to and binding upon each person, corporation, or partnership subject to the regulatory jurisdiction of the board.

Subp. 3. Professional responsibility. A. The professional conduct of a licensee or certificate holder must be in accordance with this chapter. B. When providing professional services, the licensee's or certificate holder's primary responsibility is the protection of the public's health, safety, and welfare.

1805.0200 OBLIGATION TO PROVIDE FULL DISCLOSURE.

Subpart 1. Public statements. A. A licensee or certificate holder shall avoid any act that may diminish public confidence in the profession and shall, at all times, conduct himself or herself, in all relations with clients and the public, so as to maintain its reputation for professional integrity. B. A licensee or certificate holder shall be objective and truthful in all professional documents, including but not limited to plans, reports, statements, or testimony. The licensee or certificate holder shall consider relevant and pertinent information in such documents or testimony and express professional opinions publicly only when they are founded upon an adequate knowledge of the facts and a competent evaluation of the subject matter.

Subp. 1a. Credit. In connection with the work for which the licensee or certificate holder is claiming credit, the licensee or certificate holder shall accurately represent the licensee's or certificate holder's qualifications, education, and scope of responsibility for the work. The licensee or certificate holder shall also accurately represent the qualifications, education, and scope of responsibility of any employer, employees, or associates.

Subp. 2. False statements and nondisclosure. A licensee or certificate holder shall not make a false statement or fail to disclose a material fact requested in connection with an application for certification, licensure, or renewal in this state or any other state.

Subp. 3. Knowledge of unqualified applicants. A. A licensee or certificate holder shall not endorse an application for certification or licensure of another person known by the licensee or certificate holder to be unqualified in respect to character, education, experience, or other relevant factor. B. A licensee or certificate holder possessing knowledge of an applicant's qualifications for examination, licensure, or certification shall cooperate with the applicant and the board by responding regarding those qualifications when requested to do so. A licensee or certificate holder shall provide verification of employment and experience earned by an applicant under supervision if there is reasonable assurance that the facts to be verified are accurate. A licensee or certificate holder shall not knowingly sign a verification document that contains false or misleading information.

Subp. 3a. Knowledge of improper conduct by others. A licensee or certificate holder possessing knowledge of any acts prohibited by this chapter, chapter 1800, or Minnesota Statutes, sections 326.02 to 326.15, by a licensee, certificate holder, or unlicensed individual shall report such knowledge to the board. Upon questioning by the board or its representative during an official inquiry into an alleged act, a licensee or certificate holder shall disclose any knowledge the licensee or certificate holder may have in the matter.

Subp. 4. General prohibitions. A licensee or certificate holder shall not: A. circumvent a rule of professional conduct through actions of another; B. engage in illegal conduct involving moral turpitude; C. engage in conduct involving dishonesty, fraud, deceit, or misrepresentation; D. engage in conduct that adversely reflects on the licensee's fitness to practice the profession; or E. permit the licensee's or certificate holder's name or seal to be affixed to plans, specifications, or other documents that were not prepared by or under the direct supervision of the licensee or certificate holder.

1805.0300 CONFLICT OF INTEREST.

Subpart 1. Employment. A licensee or certificate holder shall not accept a project where a duty to the client or the public would conflict with the personal interest of the licensee or certificate holder or the interest of another client. Prior to accepting a project, the licensee or certificate holder shall disclose to a prospective client such facts as may give rise to a conflict of interest.

Subp. 2. Compensation. A licensee or certificate holder shall not accept compensation for services relating or pertaining to the same project from more than one party unless: A. there is a unity of interest between or among the parties to the project; B. the licensee or certificate holder makes full disclosure; and C. the licensee or certificate holder obtains the express consent of all parties from whom compensation will be received.

Subp. 3. Gifts. A. Without the knowledge and approval of the client or the employer, a licensee or certificate holder shall not, directly or indirectly, solicit or accept any compensation, gratuity, or item of value from contractors, their agents, material or equipment suppliers, or other persons dealing with the client or employer in connection with the work for which the licensee or certificate holder has been retained. B. A licensee or certificate holder shall neither offer nor make any payment or gift to a government official, whether elected or appointed, with the intent of influencing the official's judgment in connection with a prospective or existing project in which the licensee or certificate holder is interested or involved.

Subp. 4. Interpretations. When acting as the interpreter of project contract documents or as the judge of contract performance, a licensee or certificate holder shall render decisions impartially, using the professional judgment of their licensed or certified discipline.

1805.0400 IMPROPER SOLICITATION OF EMPLOYMENT.

A. A licensee or certificate holder shall seek and engage in only the professional work or employment the professional is competent and qualified to perform by reason of education, training, or experience.

B. A licensee or certificate holder shall not tender any gift, pay, or offer to pay, directly or indirectly, anything of substantial value, whether in the form of a commission or otherwise, as an inducement to secure employment. A licensee or certificate holder is not prohibited from paying a commission to a licensed employment agency for securing a salaried position.

1805.0500 FALSE OR MALICIOUS STATEMENTS.

A licensee or certificate holder shall not make false or malicious statements that may have the effect, directly or indirectly, or by implication, of injuring the personal or professional reputation or business of another member of the profession.

1805.0650 COMPETENCE.

Subpart 1. Standards of competence. In practicing architecture, engineering, land surveying, landscape architecture, or geoscience, or when using the title of certified interior designer, each licensee or certificate holder shall act with reasonable care and competence and shall apply the knowledge and skill that is ordinarily applied by such professionals.

Subp. 2. Conformance with state and local laws and regulations. When providing professional services, a licensee or certificate holder shall not violate applicable state and local laws and regulations. Notwithstanding the duty of licensees and certificate holders to follow the law, in proceedings before the board, the board shall consider whether a licensee's or certificate holder's violation follows from incorrect advice on the meaning of a statute or regulation. In such a circumstance, the board shall consider the reasonableness of the licensee's or certificate holder's reliance on the incorrect advice in determining the appropriate sanction, if any, for the violation.

Subp. 3. Qualifications for performing professional services. A licensee or certificate holder shall perform professional services only when the licensee or certificate holder, together with those whom the licensee or certificate holder may engage as consultants, is qualified by education, training, and experience in the specific technical areas involved.

1805.0700 COMPLIANCE WITH LAWS.

Subpart 1. Violation of laws. Convictions of a felony without restoration of civil rights, or disciplinary action taken against a licensee or certificate holder by another jurisdiction, if for cause which in the state of Minnesota would constitute a violation of law or of these rules, shall be deemed to be a violation of these rules of professional conduct.

Subp. 2. Incompetence. A licensee or certificate holder adjudged mentally incompetent by a court of competent jurisdiction shall, until restored to mental competency, be deemed to be incompetent to practice the profession within the meaning of Minnesota Statutes, section 326.11, subdivision 1.

1805.0800 EMPLOYMENT PRACTICES.

A licensee or certificate holder, as an employer, shall refrain from engaging in any discriminatory employment practice prohibited by law.

1805.0900 PROFESSIONAL MISCONDUCT.

Misconduct within the meaning of Minnesota Statutes, section 326.11, subdivision 1, shall include any act or practice in violation of the rules of professional conduct in this chapter. A licensee or certificate holder shall not engage in conduct involving bribery, collusion, corruption, fraud, or malfeasance.

1805.1500 REGISTRATION.

No corporation, partnership, or other firm engaged in the practice of architecture, engineering, land surveying, landscape architecture, geoscience, or two or more of these professions, shall contract with or accept employment for professional services of an architectural, engineering, land surveying, landscape architectural, or geoscience character as defined in Minnesota Statutes, sections 326.02 to 326.15, unless a member or employee of the corporation, partnership, or other firm in responsible charge of the work is registered and licensed under Minnesota Statutes, sections 326.02 to 326.15, to practice the profession called for by the employment.

1805.1600 RESPONSIBLE CHARGE AND DIRECT SUPERVISION.

Subpart 1. Responsible charge; defined. A person in responsible charge of architectural, engineering, land surveying, landscape architectural, geoscience, or certified interior design work as used in Minnesota Statutes, section 326.14, means the person who determines and reviews design criteria, including technical aspects, advises with the client, and has direct supervision of subordinates during the course of the work and, in general, the person whose professional skill and judgment are embodied in the plans, designs, and advice involved in the work.

Subp. 2. Direct supervision; defined. A person in "direct supervision" of work as referred to in Minnesota Statutes, section 326.12, subdivision 3, means that person who is the employer, an employee of the same firm, or who is under contract to or from another firm and who is in responsible charge of the technical aspects of the architectural, engineering, land surveying, landscape architectural, geoscience, or certified interior design work in progress, and whose professional skill and judgment are embodied in the plans, specifications, reports, plats, or other documents required to be certified pursuant to that subdivision. A person in direct supervision of work directs the work of other licensees, unlicensed professionals, technicians, and clerical persons assigned to that work and is in responsible charge of the project comprising the work being supervised.

Applicant Name: _____

Part G: Certification Statements

to Be Affirmed by the Applicant

Read the statements, **select the appropriate true/false response**, then **sign** and **date** below.

If you answer **"FALSE"** to any statement, **you must enclose a statement of explanation** for each checked statement.
Your application is not considered complete until you provide the required explanation(s). Minnesota Rules 1800.0400 Subp. 5

1.	I have read and will comply with the provisions of Minnesota Statutes 326.02 – 326.15 (Supp. 2025) and the Rules and Regulations adopted thereunder;	☐ True	☐ False
2.	I am not under any disciplinary proceeding or action nor have I had a license or certificate disciplined, denied, surrendered, suspended or revoked in any jurisdiction up to the date of my application to the Board;	☐ True	☐ False
3.	I have never been convicted of a felony, gross misdemeanor, or misdemeanor, or I have previously reported the conviction to the Board;	☐ True	☐ False
4.	I have not represented myself as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer, without proper licensure or certification, either verbally or on any printed matter, in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design; and	☐ True	☐ False
5.	I have not performed or offered to perform any services reserved in statute to an individual who is properly licensed as an architect, professional engineer, land surveyor, landscape architect, professional geologist, or professional soil scientist in the State of Minnesota until my license has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design.	☐ True	☐ False

I declare that everything I have stated in this document is true and correct. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.

Applicant Signature _____ Date _____

THIS SECTION FOR BOARD USE ONLY

Application Withdrawn Date

RECOMMEND DENIAL OF APPLICATION
Board Member Signature
Board Member Name
Date

RECOMMEND APPROVAL OF APPLICATION
Board Member Signature
Board Member Name
Date

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EXPERIENCE REFERENCE FORM
PSS EXAM
INSTRUCTIONS

Applicant Instructions:

This form serves to document in detail your work experience. **Note that experience requirements vary depending upon your education** (see Minnesota Rules 1800.3910 Subp. 3B and Subp. 6). Your experience must have been obtained under the direct supervision of a licensed professional soil scientist, geologist, or engineer knowledgeable in the soil sciences. Also note that qualifying experience is calculated up to the day you submit your application—**not** the date you take the exam.

1. Complete the areas marked **APPLICANT**. Be sure to sign and date the form (see middle of page 1).
2. Provide separate copies of this form to each supervisor you listed on Part E: Experience References of the PSS Exam Application Form. Include only the information/hours appropriate to each supervisor on their own copy.
3. When completing the **APPLICANT** fields for the Description of Work (page 2), be detailed and accurate. Experience must include elements of work listed in this section. **You must mark the applicable element(s) of experience specific to each work/project description you list.** Include only information the particular supervisor completing the form can verify.
4. Provide the supervisor(s) ALL pages of their copy of this form, **including this instruction page**.
5. Ask the supervisor(s) to return this form **directly to the Board office** via email or mail.

Supervisor Instructions:

1. Complete all areas marked **SUPERVISOR**. All are **required**. Be sure to sign and date the form (see bottom of page 1).

IMPORTANT!

2. For the "Description of Work" (page 2), initial as indicated.
3. Return the form (pages 1 and 2) **directly to the Board office** via email or mail.

If you have questions about this form, please call the Board office at (651) 296-2388.

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In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to approve your application or issue your license.

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The Board will not share your private data with other persons or agencies unless it is required by law.

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CLEAR FORM

PRINT FORM

EXPERIENCE REFERENCE FORM
PSS EXAM

Please read the INSTRUCTIONS page before completing.

1: General Information and Signatures

APPLICANT: COMPLETE THIS SECTION

Applicant Name _____
(Legal first name - no nicknames) (Last)

Applicant Title _____
(Job title at employer listed below)

Supervisor Name _____

Employer/Company Name _____

Postmark Date: _____
(MM/DD/YYYY)

Provide a date prior to the application deadline by which you want the supervisor to return this form to the Board.

Employment Dates: _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY)

Employment Type: ☐ Full Time ☐ Part Time - If part time, indicate hours per week: _____

APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO SUPERVISOR.
I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference with respect to my experience and employment. I authorize the release of information, favorable or otherwise, **directly** to the Board.

_____ _____
Applicant Signature Date

SUPERVISOR: COMPLETE THIS SECTION

The Board requests your cooperation in making its evaluation of the qualifications of the applicant more thorough. All information secured from supervisors/employers is for the use of the Board. In keeping with the Minnesota Government Data Practices Act, the information you provide will be private until the applicant becomes licensed, at which time it will be classified as public information.

Please return this signed and completed form to the Board by the postmark date indicated in the box above.

The applicant:

1. Worked under my direct supervision: ☐ Yes ☐ No
2. Performed soil science work in: ☐ Research & Analysis ☐ Planning ☐ Specifications ☐ Code & Standards ☐ Economics ☐ Safety ☐ Observation of Ongoing Work ☐ Inspection of Projects
3. Provided correct employment dates and hours worked per week above: ☐ Yes ☐ No
   If **no**, provide correct dates/hours: _____

I hereby certify that the applicant's qualifying soil science experience initialed by me on this form was obtained under my direct supervision and I am a duly licensed professional soil scientist, geologist or engineer (with soil science education and experience), as required under the laws of the State of Minnesota (Minnesota Rules 1800.3910 Subp. 6).

_____ _____
Supervisor Signature Date

_____ _____ _____
Printed Name PSS, PG or PE license # State where licensed

2: Description of Work/Projects/Responsibilities

Applicant Name: _____

Supervisor Name: _____

APPLICANT: Use this section to document "varied, progressive, non-repetitive, practical experience in the discipline of geoscience." (Minnesota Rules 1800.3910 Subp. 6). Mark the element(s) of experience for each description at right (select all elements that apply). Attach additional sheets as needed.

SUPERVISOR: Initial next to **every description** you can substantiate in the box on the column at right.

APPLICANT: Describe activities performed in detail. Be sure to mark all applicable elements of experience using boxes to right.	**APPLICANT:** Mark element of experience.*								**SUPERVISOR:** Initial below.
	RA	P	SP	S	OW	IP	CS	E	

* DEFINITION OF EXPERIENCE ELEMENTS

RA - RESEARCH AND ANALYSIS: The systematic investigation of an issue or issues followed by the separations of the parts to determine their nature, proportion, function or relationship.

P - PLANNING: A process of developing a scheme for doing a project relating to geology or soil science.

SP - SPECIFICATIONS: The documents which set forth a description of the parts of a geology or soil science project.

S - SAFETY: The establishment of project parameters which are designed to prevent danger, injury or damage and to enhance security.

OW - OBSERVATION OF ON-GOING WORK: The periodic noting and recording of the progress of a project with emphasis on the following of the language of the specifications as well as any project anomalies.

IP - INSPECTION OF PROJECTS: An examination of a project to ensure that elements set forth in the specifications are completed in accordance with that document.

CS - CODES AND STANDARDS: National, state, or local laws, rules, or ordinances by which project must be defined and completed.

E - ECONOMICS: The definition of project parameters which will maximize income or minimize expenditures on the part of the owner and still result in the final outcome dictated by the project need.

BOARD OF ARCHITECTURE ▪ ENGINEERING
LAND SURVEYING ▪ LANDSCAPE ARCHITECTURE
GEOSCIENCE ▪ INTERIOR DESIGN

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Phone: (651) 296-2388 • Email: aelslagid@state.mn.us • Web: mn.gov/aelslagid

CLEAR FORM

PRINT FORM

VERIFICATION OF EXAMINATION AND/OR LICENSURE (PSS)

TO BE COMPLETED BY APPLICANT

Complete **Section A** and send a signed copy to the state(s) that hold your exam records **and** a state where you are currently licensed (if applicable and if different). To avoid processing delay, check with them regarding fees or other filing requirements.

Section A: Contact Information and Applicant Authorization

TO: (Address of state board completing form)

Legal Name _____
(First) (Middle) (Last) (Suffix)

Last 4 of SS # xx-xxx- _____ Former Name (if applicable) _____

Address _____

City _____ State _____ ZIP _____

I am applying to the Minnesota Board of AELSLAGID. I authorize the Verifying Board to provide any and all pertinent information requested.

_____ _____
Applicant Signature Date

TO BE COMPLETED BY VERIFYING BOARD

Complete all relevant items in **Sections B–E** and return to the Minnesota Board at the address above.

Section B: Registrations/Licenses Held by Applicant

Registration	Certificate/License #	Date Issued (mm/dd/yyyy)	Expires (mm/dd/yyyy)
Soil Scientist-in-Training			
Professional Soil Scientist			

Section C: Record of Examinations

(Check box next to applicable situation and provide any details requested.)

☐ EXAMINATION (Complete Information applicable to exam type below)

Written Exam	Hours	Exam Date	CSSE	Results
Fundamentals (FSS)			☐ Yes ☐ No	☐ Pass ☐ Fail
Professional (PSS)			☐ Yes ☐ No	☐ Pass ☐ Fail

Other (describe):	

Was the FSS waived? ☐ Yes ☐ No

☐ FSS ACCEPTED from the following state: _____.

☐ PSS ACCEPTED from the following state: _____.

☐ COMITY with the following state(s): _____.

Section D: Investigations or Complaints

Has formal disciplinary action ever been taken against the above-named individual?
If **yes**, attach a detailed explanation. ☐ Yes ☐ No

Section E: Verifying Board Signature

The information provided herein is correct to the best of our knowledge.

_____
Signature

_____
Title

_____
Date

Board Seal