

**Board for Professional Soil Scientists, Wetland Delineators, and Geologists**  
**PROFESSIONAL WETLAND DELINEATOR EXPERIENCE LOG**

Page \_\_\_\_\_ of \_\_\_\_\_

1. Name \_\_\_\_\_  
Last First Middle Generation

2. Provide **one** of the following identification numbers\*:

☐ Social Security Number or ☐ Virginia DMV Control Number 

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\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

**Instructions**

Please make several copies of this blank form prior to completing the necessary information. This will ensure that you have additional forms to accommodate all of your experience entries. Please number the pages according to the total number of forms submitted (i.e., 1 of 3; 2 of 3, etc.) in the upper right-hand corner. Enter your most recent experience first. Complete items #1-4, then forward this form to your supervisor to complete item #5.

After the supervisor has completed item #5, attach to this form all documentation of proof of delineations performed, inspected, reviewed, or confirmed pursuant to the requirements established in 18VAC145-30-50 of the Board's regulations. The Board, in its sole discretion, shall determine what is acceptable as demonstrating qualifying experience. Documentation such as photocopies of delineation reports, field delineations, data sheets, field logs, research reports, and scientific papers may be acceptable documentation. **DO NOT SEND ORIGINALS.** Once submitted, all documentation becomes the property of the Board and will not be returned.

3. Type of Experience (check only **ONE**):

- ☐ Experience in wetland delineation as a wetland professional, and the preparation of no less than 10 delineations\* (at least six (6) of which must be for nontidal wetlands).
- ☐ Experience in wetland delineation as a wetland professional and the inspection, review, or confirmation of no less than 30 delineations\* as an employee of a federal, state, or local governmental body that is authorized to review or approve such delineations (at least eighteen (18) of which must be for nontidal wetlands). Such experience must include the performance of field verifications of a portion of those wetland delineations that were inspected, reviewed, or confirmed.
- ☐ Experience in wetland science research and the preparation of a minimum of three (3) field studies\*\* focused on wetland delineation practice and issues.
- ☐ Experience as a teacher of wetlands curriculum\*\* in an accredited institution of higher education as a field or laboratory instructor of quarter or semester length classes for a minimum of six (6) semester hours, or equivalent.

\* All wetland delineations performed, inspected, reviewed, or confirmed must have been done in accordance with applicable state and federal regulations; must have included the proper identification of vegetation, soil, and hydrology indicators; and must be no more than 10 years old at the time of receipt by the Board office.

\*\* Field studies and curriculums taught must have included the proper identification of vegetation, soil, and hydrology indicators, and the experience must be within the past 10 years prior to the receipt of the application by the Board office.

4. Details of Experience:

|                                  |                       |                     |                                    |                                                          |
|----------------------------------|-----------------------|---------------------|------------------------------------|----------------------------------------------------------|
| Employer Name                    | Employer's Address    |                     |                                    |                                                          |
|                                  |                       |                     |                                    |                                                          |
| Your Position Title              | Start Date<br>(MM/YY) | End Date<br>(MM/YY) | Full-time (35 hours+/week)?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                  |                       |                     | If part-time, average hours/week = |                                                          |
| Position/Experience Description: |                       |                     |                                    |                                                          |
|                                  |                       |                     |                                    |                                                          |
| Supervisor Information Section   |                       |                     |                                    |                                                          |
| Name                             | Title                 | Business Address    | Business<br>Phone Number           |                                                          |
|                                  |                       |                     |                                    |                                                          |

5. Have you supervised the applicant for the entire period listed in item #4?

Yes ☐

No ☐ If no, how long have you supervised the applicant?

From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/YY MM/YY

6. To the best of your knowledge, did the applicant correctly describe his/her experience?

Yes ☐

No ☐ If no, please provide details below.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_