

APPLICATION FOR TENNESSEE QUALIFIED HYDROLOGIC PROFESSIONAL



SECTION 1

Persons seeking to be certified by TDEC as a Qualified Hydrologic Professional (QHP) must:

1. Hold at a minimum a bachelor's degree in biology, geology, ecology, engineering or related sciences
2. Have a minimum of five (5) years of relevant experience in making hydrologic determinations that includes regular periodic fieldwork in biological or hydrologic assessments including one wet weather conveyance determination for each year of qualifying experience.
3. Successfully complete the Tennessee Hydrologic Determination Training Course.

For answers to questions concerning this application please visit the Frequently Asked Questions page at <http://tnhdt.org/page.asp?Title=FAQs>. If your questions are not addressed please contact Tim Gangaware at (865) 974-2151.

Certification you are applying for: **TN-QHP** **TN-QHP IN-TRAINING**

GENERAL INFORMATION

FIRST NAME		MIDDLE NAME/INITIAL	
LAST NAME		SUFFIX (JR, SR, III, ETC.)	
MAILING ADDRESS			
CITY	STATE	POSTAL CODE	
WORK PHONE (INCLUDE AREA CODE)	MOBILE	HOME	
FAX	EMAIL		

Application Fee: \$50 (NOTE: Application fee is non-refundable)
 Make check payable to: University of Tennessee (see Application Checklist document for credit card payment). Mail to: Tennessee Water Resources Research Center, UT Conference Center, Suite 311, 600 Henley Street, Knoxville, TN 37996-4134.

SIGNATURE, CERTIFICATION, AND RELEASE

NOTE: Read the following carefully before you sign.

1. A false statement on any part of this application may be a ground for denying certification, or revoking certification after is has been granted.
2. I understand that any information I provide may be verified by TNWRRRC or TDEC.
3. I consent to release information about my skills, abilities, professional ethics, work records of current and former employers, school records, and information provided by references.
4. I certify that all information submitted in support of this application is correct and true to the best of my knowledge and that all information regarding this application will remain confidential.

SIGNATURE	DATE

SECTION 2A

COLLEGE/UNIVERSITY EDUCATION

You must provide transcripts or proof of graduation for any college/university education you list in this section. Unofficial or Student transcripts are acceptable. List additional schools on a separate sheet. Please include school name and location, type of degree, degree award (or expected award date) and attendance

NAME AND LOCATION OF SCHOOL (INCLUDE CITY, STATE, AND COUNTRY IF NOT IN U.S.)

TYPE OF DEGREE AND MAJOR:

MONTH/YEAR DEGREE AWARDED OR DATE OF EXPECTED GRADUATION:

DATES OF ATTENDANCE:

NAME AND LOCATION OF SCHOOL (INCLUDE CITY, STATE, AND COUNTRY IF NOT IN U.S.)

TYPE OF DEGREE AND MAJOR:

MONTH/YEAR DEGREE AWARDED OR DATE OF EXPECTED GRADUATION:

DATES OF ATTENDANCE:

PROFESSIONAL DEVELOPMENT AND OTHER TRAINING

List any professional and other training relevant to this certification. If you need additional space use a separate sheet and label it "Professional Development and Other Training" and use the same format as below. **Do not include coursework that was part of your Bachelor's degree.**

NAME/DESCRIPTION OF COURSE	DATE(S)	HOURS (PDH, CEU, OTHER)	TRAINING AGENCY	CITY AND STATE

ACCREDITATIONS, LICENSES AND PROFESSIONAL CERTIFICATIONS

List any licenses, certifications, etc. relevant to this certification. If you need additional space use a separate sheet and label it "Accreditations, Licenses and Professional Certifications" and use the same format as below.

LICENSE OR CERTIFICATION	DATE GRANTED	CERTIFYING AGENCY	EXPIRATION DATE

SECTION 2B**PROFESSIONAL EXPERIENCE PROFILE**

Complete a Professional Experience Profile for EACH job that you wish to report for this application.

Sections 0400-40-17-.01 & .02 of the rules, requires 5 years of relevant experience. That includes regular periodic fieldwork in biological or hydrologic assessments including one wet weather conveyance determination for each year of qualifying experience. Please provide documentation of this required information in this section.

Copy this page and the next (page 3 and 4) and complete one for each employment position during the last five years for consideration relating to this application. If you have experience from more than five years ago that you want included you may summarize it on a separate page.

COMPANY NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
POSITION TITLE		
START DATE	END DATE	
Provide name and contact information of Supervisor/Person who can verify this experience.		
FULL NAME		
TITLE/POSITION		
PHONE		
EMAIL		

SECTION 2C
PROFESSIONAL EXPERIENCE PROFILE DESCRIPTION OF WORK

**SECTION 3
WET WEATHER CONVEYANCE/HYDROLOGIC DETERMINATION DOCUMENTATION**

You must provide documentation of a minimum of five Wet Weather Conveyance/Hydrologic Determinations (WWC/HD) for the past five years of professional experience you reported in Section 2. Documentation should be copies of the field score sheets and/or letters of confirmation from the TDEC Environmental Field Office (EFO) reviewing the submittal. Only two of the five WWC/HD submittals can be for projects outside of Tennessee.

PROJECT NAME	LOCATION	DATE	FIELD SCORE SHEET OR LETTER OF CONFIRMATION	TDEC STAFF PERSON REVIEWED AND EFO
<i>Example:</i> TDOT SR29	Sumner County	March 2017	Letter of Confirmation	Tracy Daughtery, Cookeville EFO
<i>Example:</i> Wal-Mart	Smyrna	June 2016	Field Score Sheet	Joe Smith, Nashville EFO
<i>Example:</i> Remington Subdivision	Wilson Co	October 2017	Field Score Sheet	Mary Jones, Nashville EFO

SECTION 4 REFERENCES

IMPORTANT: No more than two (2) references can be coworkers—that is, work for the same supervisor or manager that you do. You must supply the names and contact information of three (3) individuals who are qualified to comment on your hydrologic determination experiences.

Please let these individuals know that you are using them as a reference for Hydrologic Professional certification and that they may be contacted. Your application will be delayed if we contact a reference and they are unwilling or unable to provide information related to your experiences and/or your ethics.

REFERENCE CONTACT INFORMATION

NAME _____

POSITION _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____

COUNTRY _____

EMPLOYER _____

DAYTIME PHONE _____ EMAIL _____

NAME _____

POSITION _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____

COUNTRY _____

EMPLOYER _____

DAYTIME PHONE _____ EMAIL _____

NAME _____

POSITION _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____

COUNTRY _____

EMPLOYER _____

DAYTIME PHONE _____ EMAIL _____