

## Rhode Island Examination Information

### **NCEES EXAM ADMINISTRATION SERVICES FOR C7 HC6 9F`&\$%**

**5 i [ i gh%- First Time and Repeat** - Deadline for applications to Board

**>i bY%\*** - NCEES Exam Administration Services registration opens.

**5 i [ i gh&, '4 ' .\$\$'DA '9GH** - NCEES Exam Administration Services registration deadline.

**5 i [ i gh&, '4 ' .\$\$'DA '9GH** - Deadline for examinees to submit ADA and Religious Accommodation requests to NCEES (refer to NCEES Web site for application): [www.ncees.org/exams/special\\_accommodations/](http://www.ncees.org/exams/special_accommodations/)

**5 i [ i gh&, '4 ' .\$\$'DA '9GH** - Cancellation deadline.

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**2-3 weeks before exam** - Distribute exam authorization notices to candidates. Candidates will be notified via email that the authorization notices are available through their online account, and should be printed to bring with them for admission on exam day.

**CWtcVYf`&(!&) ž&\$%** - Exam administration.

# Rhode Island Examination Information

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Rhode Island Approval and Registration Information

**If you are planning to register for the exam in Rhode Island, read ALL information on this page before proceeding with registration.**

**State Approval Application Deadlines for April 2014**

**All Applicants (First-Time and Repeat):** Postmarked by January 1, 2014

Please review all information and policies provided on the [Registration Information](#) page to ensure you understand the entire exam process.

If you have any questions about the process, email NCEES Exam [Administrative Services](#) using the [feedback form](#) or call us (877) 536-7729.

- **First-time examinees must complete the Rhode Island Board's application for examination found at the [Rhode Island Board Web site](#) (this will be a link to <http://www.bdp.state.ri.us/>).**
- **Re-examination examinees who have been previously approved by the Rhode Island Board must submit a letter of request to the Rhode Island Board. All repeat examinees must reschedule with the Rhode Island Board to be considered approved.**
- Once you have received approval notification from the Rhode Island Board, you must register with and pay exam fees to NCEES Administrative Services to reserve your seat for the exam.
- To ensure you receive all email communications from NCEES Exam Administrative Services without delay, please add [noreply@els-examreg.org](mailto:noreply@els-examreg.org) to your address book. If your email provider allows, you should also make [els-examreg.org](http://els-examreg.org) a safe domain for receipt of your emails.
- **Admission authorization notices:** You will receive an email from NCEES Administrative Services 3 to 4 weeks before the examination indicating that your admission authorization notice is available to be downloaded and printed for exam day. If you have problems logging in to your account, please [contact NCEES Exam Administrative Services](#) for assistance. A [link to the NCEES Candidate Agreement](#) will be in your email announcement for you to review prior to exam day. On exam day, you will be required to sign your answer sheet affirming you have read and understand the information in the [NCEES Candidate Agreement](#) and will abide by the stated policies, procedures, and conditions.
  - If you do not provide an email address to NCEES Exam Administrative Services, your admission notice will be mailed to you via the U.S. Postal Service.
- [NCEES](#) releases exam results to the Rhode Island Board 10 to 12 weeks after the exam date.

## Fees - Rhode Island application fee is \$100.00

**Note: If you register for an examination and have not been approved by the Rhode Island Board, your exam fee will NOT be refunded. If you are not sure whether you have been approved or whether you are eligible to sit for an examination, contact the Rhode Island Board before registering.**

## Exam Sites

Locations are available on a first-come, first-served basis. If the location reaches maximum capacity, you will be moved to the next available location.

Exact location, building, and room information will be on your admission authorization notice. It is your responsibility to obtain directions and ensure that you arrive at the exam site on time on the day of the exam. If you need specific driving directions, please refer to the exam site's Web site (if provided) below or use an Internet search engine such as Google or Yahoo.

## Exam Times and Schedule

Review the [exam day timeline](#).

Examination	Day	Date	Report time	Length	Open/Closed Book
PE	Friday	April 11	7:15 am	8 hours	Open Book
PS	Friday	April 11	7:15 am	6 hours	Open Book

Afternoon report times will be announced during the morning session.

Examinee admissions will take place from 7:15–7:40 a.m. **The exam room doors will be closed at 7:40 a.m. Absolutely no examinees will be allowed in the exam room after 7:40 a.m. It is your responsibility to take necessary precautions to ensure you arrive on time.** All examinees must be seated when instructions begin at 7:40 a.m.



# STATE OF RHODE ISLAND

## Bd. of Registration for Professional Engineers

1511 Pontiac Ave, Building 68-2  
Cranston, RI 02920  
(401) 462-9592 Fax: (401) 462-9532  
[www.bdp.state.ri.us](http://www.bdp.state.ri.us)

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## **IMPORTANT INFORMATION**

**Effective 11/18/2008**

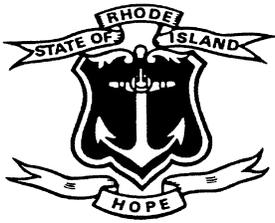
Only complete application packages will be accepted in this office.

All required documentation must be in sealed envelopes and must be submitted with the application and fee. Incomplete packages will not be processed and will be returned to the applicant.









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### 6. EXAMINATION RECORD

PLEASE LIST EACH AND EVERY TIME THAT YOU HAVE TAKEN THE **FUNDAMENTALS OF ENGINEERING (EIT)** EXAMINATION AND **THE PRINCIPLES & PRACTICE (PE)** EXAMINATION.

#### APPLICANT'S NAME & ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLETE ALL INFORMATION REQUESTED BELOW.

EXAM	DATE	STATE	RESULTS	
			Pass	Fail

**Please fill in the following:**

I have taken the Fundamentals of Engineering Exam (EIT) a total of \_\_\_\_\_ times.

I have taken the Professional Engineer Exam (PE) a total of \_\_\_\_\_ times.

I am the applicant named in this application and certify under penalty of perjury that the foregoing is true and correct in every respect.

DATE EXECUTED ON: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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(This space not to be used by Applicant)

**RECORD OF BOARD**

Check No. \_\_\_\_\_  
Date \_\_\_\_\_  
Name of Applicant \_\_\_\_\_ Amount of fee paid \$ \_\_\_\_\_  
Considered by Board \_\_\_\_\_ Action of Board \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Personal interview held \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Date of Registration \_\_\_\_\_ Number \_\_\_\_\_  
Certificate mailed \_\_\_\_\_ Discipline \_\_\_\_\_  
Examination given: Engineering Fundamentals Date \_\_\_\_\_ State \_\_\_\_\_ Score \_\_\_\_\_  
Professional Engineering Date \_\_\_\_\_ State \_\_\_\_\_ Score \_\_\_\_\_  
Date \_\_\_\_\_ State \_\_\_\_\_ Score \_\_\_\_\_  
Date \_\_\_\_\_ State \_\_\_\_\_ Score \_\_\_\_\_  
Date \_\_\_\_\_ State \_\_\_\_\_ Score \_\_\_\_\_

Exam Reviewed By: \_\_\_\_\_  
Date \_\_\_\_\_

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Secretary Notes

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Date Application Received



## Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

**Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.**

### Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional License for which you are applying

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN if appropriate)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date



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### INSTRUCTION SHEET

**Application Fee is \$100.00**

**APPLICATION - Applicant must submit a complete application package.** All required forms and documentation must be in sealed envelopes and attached to the application. Provide reference and verification forms with a stamped self-addressed envelope. It is imperative that all information requested on the application be completed and the photograph affixed and signed. Application and/or documentation received, which are not in sealed envelopes or are incomplete will not be reviewed or considered by the Board and **the entire application package** will be returned to the applicant.

**APPLICATION DEADLINE DATE FOR EXAM -** Application and all required documentation must be received or postmarked by **January 1 for the April examination** and by **August 1 for the October examination**. Applications received after these dates will be considered for the following test administration.

#### **I. GENERAL INFORMATION**

A. Complete all personal information. Be sure to affix your signature across your photo.

B. General Reference Form: **The information on this form pertains to the applicant.** On the application, list five (5) people, who can be used as references, not less than three (3) of whom are registered engineers and are not relatives, business partners, members of the Board. Indicate their addresses, present positions and registration numbers in the space provide. **Individuals listed in this section cannot again be listed under Section 5.**

#### **II. MEMBERSHIP IN SOCIETIES, ETC.**

A. Self-explanatory.

#### **III. REGISTRATIONS**

A. The information requested in this section relates to the state in which you were originally registered by exam as a engineer-in-training and/or professional engineer. Complete all categories.

B. You must send a Verification of Registration form to the state where you were originally registered by engineer-in-training and/or professional engineer exam. You are responsible for any verification fees. Contact the appropriate state board for verification fees. The Verification of Registration form can be sent directly to this Board or to the applicant in a sealed envelope. The applicant must send in the sealed envelope with their application.

C. Answer the remaining questions regarding your E.I.T. and information regarding any disciplinary action.

D. Supplemental Information Form - Complete in full and return.

(Over)

## INSTRUCTION SHEET (cont'd.)

### IV. EDUCATION

A. Rhode Island law requires a four (4) year Bachelor of Science undergraduate degree in engineering for registration.

B. You must send a Verification of Education form to the appropriate university if in the United States. The Verification of Education form can be sent directly to this Board or to the applicant in a sealed envelope. The applicant must send in the sealed envelope with their application.

C. As of September 5, 2006 if a degree is received from a foreign institution, the applicant must have his/her education evaluated through the NCEES Credentials Evaluations Services, 280 Seneca Creek, Seneca, SC 29678 Phone 800-250-3196, Fax 864-654-6824, and website [http://www.ncces.org/Credentials\\_evaluations.php](http://www.ncces.org/Credentials_evaluations.php). The Board will only accept those evaluations dated from September 4, 2004 thru September 4, 2006 from Engineering Credentials Evaluation International (ECEI)

### V. PROFESSIONAL EXPERIENCE

A. Begin with your present position.

B. Number each engagement.

C. List "from and to" dates in months and years.

D. Please note: The Board only recognizes experience obtained **after** receipt of a Bachelor of Science degree in Engineering.

E. Fill in title of position, name of employer and a **detailed** description of duties and responsibilities, **not projects**. If this description does not fit in the block provided on the application, an attachment must be submitted accordingly. **This information must also be inserted on the Verification of Professional Experience forms.** Each engagement requires a **separate Verification of Professional Experience form**.

F. Indicate the name and address of the individual familiar with each engagement who will be responsible for completing the Verification of Professional Experience form.

G. Time columns are to be broken down into five (5) sections as indicated on the application. Definitions of each column are given at the bottom of Section 5 on the application. Complete all five (5) columns at the bottom of this section. **Do not leave blank columns.**

H. You must complete the summary (actual time) total for all five (5) columns at the bottom of this section. **Do not leave blank columns.**

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### CHECKLIST...Please verify that the following are included in your application.

- |   |  |
|---|--|
| <input type="checkbox"/> Verification of Education in a sealed envelope. .  | Check for \$100.00 payable to: Treasurer, State of RI.   |
| <input type="checkbox"/> All information in Section 1 is completed in full. | <input type="checkbox"/> Five (5) General reference forms in sealed envelopes.   |
| <input type="checkbox"/> Signature on your affixed photograph.              | <input type="checkbox"/> Verification of Professional Experience forms in sealed envelopes.                              |
| <input type="checkbox"/> Examination Record                                 | <input type="checkbox"/> Verification of Registration from the state board of initial registration in a sealed envelope. |
| <input type="checkbox"/> Tax Payer Affidavit. ___ Selection of exam module  |  |

**Please indicate in the appropriate block below which afternoon module you wish to take. You may only choose one (1) module and you will not be allowed to change your choice at any time.**

CIVIL – CONSTRUCTION

CHEMICAL

CIVIL – GEOTECHNICAL

CIVIL – STRUCTURAL

ENVIRONMENTAL

CIVIL - TRANSPORTATION

CIVIL – WATER RESOURCES & ENVIRONMENTAL

ELECTRICAL & COMPUTER - COMPUTERS

ELECTRICAL & COMPUTER – ELECTRONICS, CONTROLS AND COMMUNICATION

ELECTRICAL & COMPUTER – POWER

MECHANICAL – HVAC and REFRIGERATION

MECHANICAL – MACHINE DESIGN

MECHANICAL – THERMAL and FLUIDS SYSTEMS



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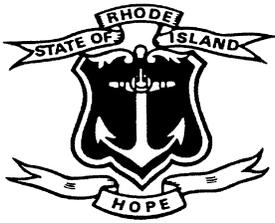
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**STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS**

**RULES OF THE BOARD**  
**IV- EXAMINATIONS (2.)**

**SUBJECT:** Board Policy on the number of times an applicant may be allowed to take the Fundamentals of Engineering (FE) or Professional Engineer (PE) exams.

1. That a qualified applicant will be allowed to take the FE or PE exam a total of three (3) times. This would be an aggregate total regardless of where the exam was taken.
2. An applicant who has failed three (3) times, may request permission to take the exam for a fourth and final time, if:
  - a) Their score on their last attempt was a minimum of sixty (60) and
  - b) They agree to take and complete an appropriate review course or graduate courses in areas of their deficiency and submit written proof to the Board of having successfully completed such course or courses.
3. An applicant who fails the FE or PE exam a total of four (4) times, regardless of where or when the exam was taken, shall not be allowed to take the exam in Rhode Island, nor be granted a registration by reciprocity or comity should they pass it at a future date in a different state or jurisdiction.
4. An applicant who does not properly inform the Board of previous attempts to pass the exam in another state or jurisdiction, if such information comes to the Board's attention, shall be barred from taking any more exams in Rhode Island or shall have any license gained in Rhode Island revoked.
5. If an applicant obtains an additional engineering degree from an ABET accredited school then the Board may grant relief from these provisions for good cause shown.



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**GENERAL REFERENCE FORM**

**APPLICANT'S NAME & ADDRESS**

Please return this form directly to the applicant in a sealed envelope.

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above listed individual has filed an application for a certificate of qualification as a Professional Engineer with this Board. Please complete the information requested below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

**1. GENERAL INFORMATION**

<u>PRESENT POSITION OF APPLICANT</u>	<u>NUMBER OF YEARS KNOWN</u>	<u>NUMBER OF YEARS ENGAGED IN ACTIVE ENGINEERING</u>	<u>NUMBER OF YEARS IN RESPONSIBLE CHARGE OF ENGINEERING WORK</u>	<u>NUMBER OF YEARS ENGAGED IN DESIGN OF ENGINEERING WORK</u>

Applicant's character and personal reputation are \_\_\_\_\_

In your opinion is the applicant competent to be placed in responsible charge of important engineering work? \_\_\_\_\_

Remarks: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

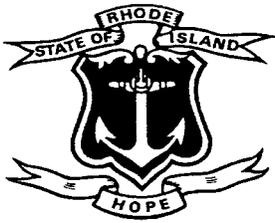
TELEPHONE NO. \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

Are you a Registered Professional Engineer? \_\_\_\_\_ Yes \_\_\_\_\_ No



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### VERIFICATION OF REGISTRATION

**STATE BOARD NAME & ADDRESS**

**APPLICANT'S NAME & ADDRESS**

Please return this form directly to the applicant in a sealed envelope.

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Social Security No: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**I. THE ABOVE NAMED PERSON WAS REGISTERED AS:**

		<u>Certificate No.</u>	<u>Date Issued</u>	<u>Valid until</u>
ENGINEER IN TRAINING	<input type="checkbox"/> FE	_____	_____	_____
PROFESSIONAL ENGINEER	<input type="checkbox"/> PE	_____	_____	_____

**II. BASIS OF REGISTRATION:**

	<u>Hours</u>	<u>Score</u>	<u>Waived</u>	<u>Exam Date</u>	<u>NCEES</u>
<input type="checkbox"/> 1. WRITTEN EXAMINATION					
Fundamentals of Engineering (FE)	_____	_____	_____	_____	_____
Principles & Practice of Engineering (PE)	_____	_____	_____	_____	_____

**EXAM DISCIPLINE:** \_\_\_\_\_ If your state does not license by discipline please check here \_\_\_\_\_.

- 2. ORAL EXAMINATION: FE Hours: \_\_\_\_\_ PE Hours: \_\_\_\_\_
- 3. E.I.T. ACCEPTED FROM: \_\_\_\_\_
- 4. P.E. ACCEPTED FROM: \_\_\_\_\_
- 5. EDUCATION AND EXPERIENCE: If less than 8 years experience including graduation from ECPDD engineering curriculum, please check here \_\_\_\_\_ and give details on the other side.
- 6. OTHER: Please give full details on the other side.

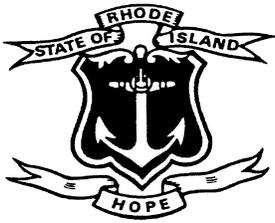
**III. QUESTIONS:**

- |  |            |           |
|--|------------|-----------|
|  | <u>Yes</u> | <u>No</u> |
| 1. Has any disciplinary action ever been taken against the applicant?            | _____      | _____     |
| 2. If so, has this disciplinary case been satisfied to the Board's requirements? | _____      | _____     |
- If not, give details. \_\_\_\_\_

**IV. \_\_\_\_\_ PLEASE SEE OTHER SIDE FOR FURTHER EXPLANATION OR COMMENTS.**

AUTHORIZED SIGNATURE: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_  
DATE: \_\_\_\_\_



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**VERIFICATION OF PROFESSIONAL EXPERIENCE**

**APPLICANT'S NAME & ADDRESS**

Please return this form directly to the applicant in a sealed envelope.

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The above listed individual has filed an application for a certificate of qualification as a Professional Engineer with this Board. Please complete the requested information below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

**5. PROFESSIONAL EXPERIENCE**

<u>DATES</u> <u>FROM</u> <u>TO</u>	<u>NAME OF EMPLOYER</u>	<u>SUB-PROFESSIONAL</u> <u>WORK</u> <u>(YRS.)</u>	<u>PROFESSIONAL</u> <u>WORK</u> <u>(YRS.)</u>	<u>RESPONSIBLE</u> <u>CHARGE</u> <u>(YRS.)</u>	<u>DESIGN</u> <u>(YRS./MONTHS)</u>

List position and a brief description of duties and responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In your opinion is the applicant qualified to have responsible charge of important engineering work? \_\_\_\_\_

In your opinion is the applicant qualified to design engineering work? \_\_\_\_\_

In your opinion, the applicant's character and personal reputation are \_\_\_\_\_

**Remarks:** \_\_\_\_\_

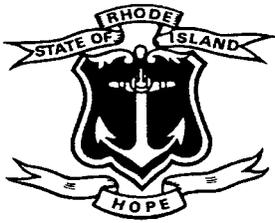
**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**TELEPHONE NO.** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



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**VERIFICATION OF EDUCATION**

**UNIVERSITY NAME & ADDRESS**

**APPLICANT'S NAME & ADDRESS**

Please return this form directly to the applicant in a sealed envelope.

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security No: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

The above listed individual has filed an application for a certificate of qualification as a Professional Engineer with this Board. Please complete the information requested in the sections below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information secured from references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

**The Rhode Island State Board of Registration for Professional Engineers requires that the specific "Type of Degree(s) Received" be filled in by the Registrar's Office. (i.e., B.S. in Civil Engineering)**

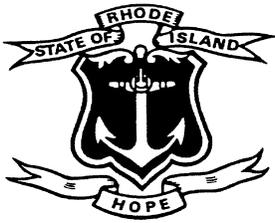
**4. EDUCATION**

<u>FROM</u>	<u>YEARS</u>	<u>TO</u>	<u>DATE GRADUATED</u>	<u>TYPE OF DEGREE RECEIVED</u>

Remarks: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_  
 DATE: \_\_\_\_\_



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**VERIFICATION OF PROFESSIONAL EXPERIENCE**

**APPLICANT'S NAME & ADDRESS**

Please return this form directly to the applicant in a sealed envelope.

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**5. PROFESSIONAL EXPERIENCE**

<u>DATES</u> <u>FROM</u> <u>TO</u>	<u>NAME OF EMPLOYER</u>	<u>SUB-PROFESSIONAL</u> <u>WORK</u> <u>(YRS.)</u>	<u>PROFESSIONAL</u> <u>WORK</u> <u>(YRS.)</u>	<u>RESPONSIBLE</u> <u>CHARGE</u> <u>(YRS.)</u>	<u>DESIGN</u> <u>(YRS./MONTHS)</u>

List position and a brief description of duties and responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In your opinion is the applicant qualified to have responsible charge of important engineering work? \_\_\_\_\_

In your opinion is the applicant qualified to design engineering work? \_\_\_\_\_

In your opinion, the applicant's character and personal reputation are \_\_\_\_\_

**Remarks:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**TELEPHONE NO.** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_