



Oregon

John A. Kitzhaber, M.D., Governor

Department of Land Conservation and Development

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Soil Scientist Application

Personal Information

Last Name, First Name: _____
Mailing Address: _____
Email Address: _____ Telephone Number: _____
Fax Number: _____

Professional Information

Source of current employment: Self employed___: Federal___: State___:

University/College___: Not for Profit___: Other___

Job Title: _____

Are you CPSS? _____ (attach a copy of Certification)

Are you CPSC? _____ (attach a copy of Certification)

If you are not CPSC, please indicate:

1. Number of semester hours in soil genesis, morphology and classification: _____
2. Number of years of field experience in soils classification and mapping meeting National Cooperative Soil Survey standards: _____
3. Demonstrated competence in practicing soils classification and mapping without direct supervision: yes/no
4. That you have attached transcripts and sample work that demonstrate satisfaction of (1), (2) and (3) above: yes/no
5. That you have arranged for three references to be submitted to the department, using the Soil Scientist Reference Form provided: yes/no

FOR Department of Land Conservation Evaluation Panel Only

1. CPSS Certification with documentation: yes/no
2. CPSC Certification with documentation: yes/no If no:
 - a. Documented 5 hours in soils, genesis, morphology and classification: yes/no
Notes: _____
 - b. Documented five years experience in soils classification and mapping meeting National Cooperative Soil Survey Standards: yes/no Notes: _____
 - c. Documented competence in practicing soils classification and mapping without direct supervision: yes/no Notes: _____
 - d. Transcripts attached? yes/no
 - e. Three references submitted? yes/no
3. Full qualifications met? yes/no Notes: _____

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