

Ohio EPA  
Ohio Environmental Protection Agency

SECTION 1  
APPLICANT INFORMATION

**Applicant's Name:**

\_\_\_\_\_

(Last Name) (First Name) (Middle Initial)

Will the VAP receive information about the applicant under a different name? If YES, provide name below: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

(Last Name) (First Name) (Middle Initial)

Date CP Initial training taken (attach certificate under Section 7): \_\_\_\_\_

Has the applicant been previously certified under the VAP? If YES, provide CP #. Yes \_\_\_\_\_ No \_\_\_\_\_ CP # \_\_\_\_\_

**Applicant's Mailing Address:** The VAP will use the address you provide here for ALL correspondence.

\_\_\_\_\_

(Company Affiliation)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City/Town) (State/Province)

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\_\_\_\_\_

(Zip or Postal Code) (Country, if other than US)

**Applicant's Telephone Number(s):**

( ) - ext. ( ) -

(Daytime phone number) (Fax number)

**Applicant's E-mail Address:** \_\_\_\_\_

**Applicant's Post-High School Education:**

Original transcripts or equivalent documentation from a recognized educational institution(s) must be submitted with application (please attach after this page).

Name of institution	Field of Study	Degree Received	Year Graduated

**Applicant's Moral Character:**

1. Have you been disbarred, suspended, reprimanded, censured, disqualified or otherwise disciplined as a member of any profession or holder of any public office, or have you voluntarily surrendered a professional license or certification?

Check either: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain the circumstances on a separate page

2. Are you the subject of pending professional disciplinary proceedings?

Check either: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain the circumstances on a separate page

3. Have you ever

- (i) been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
- (ii) been convicted of a misdemeanor involving fraud, deceit, misrepresentation or forgery? Yes \_\_\_\_\_ No \_\_\_\_\_
- (iii) had a civil judgment against you for professional errors, negligence, incompetence or professional malpractice in the conduct of your business? Yes \_\_\_\_\_ No \_\_\_\_\_
- (iv) had a civil judgment against you for an action involving fraud, deceit, misrepresentation or forgery? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answer yes to any question, explain the circumstances on a separate page.

SECTION 2

RELEVANT PROFESSIONAL EXPERIENCE  
POSITION DESCRIPTIONS

*(Please Provide the following information for each position for which relevant professional experience is claimed).*

Position Description:

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Position Duration: Start Date \_\_\_\_/\_\_\_\_ (mo./yr.) End Date: \_\_\_\_/\_\_\_\_ (mo./yr.)

Employer Name:

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Employer

Address: \_\_\_\_\_

Supervisor

Name: \_\_\_\_\_

Supervisor Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Was position less than an average of 20 hrs./wk.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, average hours/week: \_\_\_\_\_.

Field(s) of Expertise for this position:

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Answer the following questions as completely as possible on a **separate page for each position** described:

1. Please explain how your responsibilities related to projects which were similar in type and scope to voluntary actions and were an integral component of this position.
2. Please demonstrate how you were personally responsible for the evaluation and selection of investigative methods for projects similar in type and scope to voluntary actions. Describe the various investigative methods used, including but not limited to, whether such experience included subsurface investigations, and provide the basis for their selection.
3. Please describe the various types of remedial systems that you have designed and monitored and provide the basis for their selection.
4. Please describe your experience with regard to risk and exposure assessments.

5. Please describe the types and levels of responsibilities of persons you coordinated or supervised while conducting projects similar in type and scope to voluntary actions. What level of authority and control did you assume over their work? What was the average size of teams you coordinated or supervised?
  
6. Please describe the levels of responsibility and independent judgment that you exercised in this position. Specifically, describe the type or categories of conclusions that you reached, the extent to which you used those conclusions in making recommendations to employers or clients regarding actions at sites, and the method by, or form in which, you made those recommendations.

**NUMBER OF YRS./MOS. IN THIS POSITION**        /         
**(YRS/MOS)**

SECTION 3

RELEVANT PROFESSIONAL  
EXPERIENCE PROJECT DESCRIPTIONS

Project  
Descriptions: \_\_\_\_\_  
\_\_\_\_\_

Project Duration: Start Date: \_\_\_\_/\_\_\_\_ (mo./yr.) End Date: \_\_\_\_/\_\_\_\_ (mo./yr.)

Project Client:  
\_\_\_\_\_

Project Objective:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did subsurface investigations occur during this project? Yes\_\_\_\_\_ No\_\_\_\_\_

1. Project information:

	Name	Address	Phone #
Employer:			
Supervisor:			

2. Answer the following questions as completely as possible on a separate page for each project described:

- a. Please describe how you applied technical knowledge and skill in one or more of your fields of expertise to this project.
- b. Please describe how you evaluated and applied relevant regulations to this project (e.g., ARARs).
- c. Please describe the nature and extent of the environmental conditions associated with the project. Please list the contaminants encountered.
- d. Please describe what, if any remedial actions were taken for each project and the extent to which you were involved in the selection and implementation of those remedial actions.
- e. Please describe the extent to which you were involved in this project either as a member of a team or the supervisor or project manager for the project.

3. Please attach one technical writing sample (e.g. risk assessment, sampling plan, remedial plan, or any other technical document, and remove client sensitive confidential information, if needed).

NOTE: You only need to submit a total of one writing sample with your application.

SECTION 4

RELEVANT PROFESSIONAL EXPERIENCE  
SUMMARY OF POSITIONS

Position #	Position Descriptions	Elapsed Time in Position (yrs./mos.)	Corresponding Project #s	Dates in Position (mo./yr.-mo./yr.)
#1		/		/
#2		/		/
#3		/		/
#4		/		/
#5		/		/
#6		/		/
#7		/		/
#8		/		/

Please attach separate sheets after this section, if needed.

RELEVANT PROFESSIONAL EXPERIENCE

Box 1

____/____ (YRS./MOS.)
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Request for Educational Credit for Relevant Professional Experience:

Field of Study	Type of Degree	Time Requested (whole yrs only)

(Note: include required documentation after this Section)

<b>EDUCATIONAL CREDIT SUBTOTAL: (MAXIMUM 2 YRS.)</b>	Box 2 ____ (yrs. only)
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<b>TOTAL RELEVANT PROFESSIONAL EXPERIENCE:</b>	Box 3 ____/____ (YRS./MOS.)
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## SECTION 5

### OPTIONAL STATEMENT OF QUALIFICATIONS

In **250 words or less**, you may provide additional information to demonstrate that you meet the requirements for RPE (Relevant Professional Experience).

## SECTION 6

### PROFESSIONAL AND PERSONAL REFERENCES

#### SUMMARY OF REFERENCES

The VAP requires a total of **four (4) professional references and two (2) personal references**, completed on a form provided by the VAP. In the box below, list the name, address and current telephone number of the six individuals from whom the VAP may contact for information regarding your character, experience and professional ability. The personal referents may not be related to the applicant.

#### Reference Handling Instructions:

Each referent will complete his or her form, and send it back to you. You must submit to the VAP the six reference forms, in the sealed envelopes, for your application to be considered. Failure to provide up-to-date telephone numbers at which your references can be reached may delay the processing of your application.

#### Professional References

Name	Address	Telephone Number
1)		
2)		
3)		
4)		

#### Personal References

Name	Address	Telephone Number
1)		
2)		

## SECTION 7

### OHIO EPA INITIAL TRAINING

Attach the certificate documenting your attendance at one of Ohio EPA's initial training courses. Note: you must attend this training before review of your application can be completed.

