

FOR MISSISSIPPI RESIDENTS ONLY

APPLICATION FOR REGISTRATION
MISSISSIPPI BOARD OF REGISTRATION FOR FORESTERS
P. O. BOX 1884
JACKSON, MS 39215-1884

INSTRUCTIONS

All persons seeking Mississippi registration pursuant to the Universal Recognition of Occupational Licenses Act (Miss. Code Ann. § 73-50-2) must complete the following application.

Where space on the form does not permit you to adequately provide your response, you may provide supplementary sheets of 8 ½ “ x 11” white paper. Each additional sheet shall be printed on one side only and must be signed and dated. Applications must be clearly typed in black ink.

Applications must be sworn to and subscribed before a Notary Public, or such other person authorized to administer the oath.

Your application must be accompanied by the required fee in the amount of Fifty and No/100 Dollars (\$50.00). This fee provides for your first examination and, if necessary, second examination at the expiration of six (6) months but no longer than twelve (12) months after the date of the applicant’s first examination, if applicable.

Upon completion, please mail your application, with all attachments and application fee, be mailed to Post Office Box 1884, Jackson, MS 39215-1844.

An application not properly completed, containing all required information, or accompanied by the required fee will be returned to the applicant with a statement specifying the reason(s) for the application’s return.

UNIVERSAL RECOGNITION OF OCCUPATIONAL LICENSES

Applicants who seek Mississippi registration as a forester must be current Mississippi residents and provide proof of residence at the time of application. Proof of residency includes, but is not limited to, the following documentation: a copy of a Mississippi-issued driver’s license or Mississippi-issued photo identification card; current Mississippi residential utility bill bearing the applicant’s name and Mississippi residence address; documentation of the applicant’s current ownership or lease of a Mississippi residence; or any other verifiable documentation. ***Please do not provide original documents.***

In addition to Mississippi residency, an applicant seeking universal recognition must either hold a current and valid license in good standing in another state in the practice of forestry or an occupation with a similar scope of practice, for at least one (1) year, **OR** have worked in the practice of forestry, or in an occupation with a similar scope of practice, in another state that did not use a license or registration to regulate the occupation for at least three (3) years. The applicant’s successful completion of the minimum educational requirements, work experience, examination, and clinical supervision requirements in effect at that time to be licensed in that state are subject to verification by the Board.

Applicants seeking Mississippi registration pursuant to the Act:

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- 1) must not have committed any act in another state that would constitute grounds for refusal, suspension, or revocation of a license to practice that occupation in Mississippi at the time the act was committed;
- 2) must not have surrendered a license because of negligence or intentional misconduct related to the applicant's work in the occupation in the other state; and
- 3) must not have a complaint, allegation or investigation pending before an occupational licensing board or other board in another state that related to unprofessional conduct or an alleged crime.

PART I. GENERAL INFORMATION

Name: _____
(Title) (First Name) (Middle Name) (Last Name)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Telephone No. : _____ E.Mail: _____

Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Business E-Mail _____

State of Residence: _____ (Please submit with your Application proof of residency. Proof of residency includes but is not limited to the following documentation: a copy of a Mississippi-issued driver's license or Mississippi-issued photo identification card; current Mississippi residential utility bill bearing the applicant's name and Mississippi residence address; documentation of the applicant's current ownership or lease of a Mississippi residence; or any other verifiable documentation. *Do not provide original documents.*)

Are you a United States citizen? Yes No

If no, are you authorized to work in the United States? Yes No

PART II. REGISTRATION AND LICENSURE HISTORY

Have you ever been licensed or registered as a forester in the state of Mississippi? Yes No

If yes, provide the date of issuance: _____

Do you currently hold a valid license or registration, in good standing, in another state in the practice of forestry or an occupation having a similar scope of practice? Yes No

If yes, identify the Occupation or Practice Area: _____

State of Issuance: _____

Date of Issuance: _____ Educational Requirements: _____

Work Experience: _____

Testing Taken: _____ Date: _____ Score: _____

Clinical Supervision Requirements: _____

Name of Supervisor and Contact Information: _____

Have you worked as a forester or in an occupation having a similar scope of practice in a state that does not issue a license or registration to regulate the occupation? Yes No If yes, identify

the Occupation or Practice Area: _____

State: _____ Dates during which you worked in the occupation: _____

Have you ever been refused certification, licensure, registration, or renewal? Yes No

If yes, please identify the State(s): _____ Agency or Organization: _____

Certificate, License, or Registration Sought: _____

Date: _____ Stated Reason: _____

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Have you ever had a certification, license or registration revoked, suspended or otherwise been the subject of disciplinary action? Yes No If yes, please identify the State: _____

Agency or Organization: _____

Certificate, License, or Registration: _____

Date(s): _____ Stated Reason: _____

Have you ever surrendered a certification, license, or registration? Yes No

If yes, please identify the State: _____ Agency or Organization: _____

Certificate, License, or Registration: _____

Date: _____ Stated Reason: _____

Have you ever been the subject of a complaint, allegation or investigation filed with an occupational licensing board or other board in another state related to allegations of unprofessional conduct, negligence, intentional misconduct, or the commission of a crime? Yes No

If yes, please identify the State: _____

Agency, Licensing or Other Board: _____

Specific Allegations: _____

Outcome: _____

PART III. AFFIDAVIT

STATE OF _____

COUNTY/PARISH OF _____

PERSONALLY, came and appeared before me, the undersigned Notary, the within named _____, and makes this, his/her statement and Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth herein are true and correct to the best of his/her knowledge:

1. I am over the age of twenty-one and am competent to testify as to all matters set forth herein.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth in this Application.
3. I understand that, in affixing my signature to this Application, I warrant that all statements made herein and on any attached sheets are true and correct to the best of my knowledge, information and belief.
4. I understand that, in affixing my signature to this Application, I acknowledge that I have read and understand the Universal Recognition of Occupational Licensing Act, Mississippi statutes applicable to the practice of forestry, and the Administrative Rules of the Mississippi Board of Registration for Foresters.
5. I affirm I shall adhere to the Code of Ethics for the Registered Forester and all other requirements as set forth therein.

DATED this the _____ day of _____, _____.

APPLICANT/AFFIANT

SWORN to and subscribed before me, this the ____ day of _____,

_____.

NOTARY PUBLIC

My Commission Expires: