



AMERICAN INSTITUTE OF HYDROLOGY REQUEST FOR EXAMINATION

Before this form can be submitted to the American Institute of Hydrology (AIH), applicants must have completed the general AIH Application for Certification and have been accepted for testing by the AIH Board of Registration and Executive Committee.

TOWARD CERTIFICATION AS:

MEMBERSHIP TYPE	SPECIALTY AREA
<input type="checkbox"/> Hydrologist-In-Training (HIT)	<input type="checkbox"/> Surface Water (SW)
<input type="checkbox"/> Professional	<input type="checkbox"/> Ground Water (GW)
<input type="checkbox"/> Hydrologist (H)	<input type="checkbox"/> Water Quality (WQ)
<input type="checkbox"/> Hydrogeologist (HG)	

FOR OFFICE USE ONLY
Application Number:
Date Received:
Exam Type:
Payment Amount:
Check Number:

EXAMINATION FOR:

Part I: Fundamentals
 Part II: Principles and Practices Surface Water Ground Water Water Quality

SECTION 1: PERSONAL INFORMATION

Preferred Title: Mr. Ms. Mrs. Dr. Prof. Other (*specify*): _____

Full Name: _____ Present Title: _____

Name of Employer: _____ Office Telephone: _____

Office Address: _____ Office Fax: _____

_____ Office Email: _____

Specialty of Profession: _____

Home Address: _____ Home Telephone: _____

_____ Home Fax: _____

Citizenship: _____ Home Email: _____

Date of Birth: _____ Place of Birth: _____

Which address do you prefer to receive mail? Office Home

STUDENT INFORMATION:

Current AIH Student Member: Yes No If Yes, AIH Member Number: _____

Date of Graduation: _____ Degree Received: _____

Name of University: _____ Name of Proctor: _____

University Address: _____ Address of Proctor: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Name of Advisor: _____ Date to take exam: _____

Transcripts Enclosed: Yes No If No, explain: _____

Advisors: By signing, you attest that this candidate is a full-time student working towards a degree in hydrology or related science or engineering; and will likely pursue a career in hydrology or related field.

LOCAL COLLEGES:

To facilitate our effort to find a proctor, please provide us with 2-3 community colleges that are convenient to your location.

1. Name of College: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

2. Name of College: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

3. Name of College: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

EXAMINATION FEE (non-refundable):

\$150 - Part I: Fundamentals Exam

\$200 - Part II: Principles and Practices Exam Surface Water Ground Water Water Quality

DECLARATION:

I state that the information on this application, and any appended sheets, is true, complete and correct. I further agree that the contents of this application shall not be made known to anyone except to continue processing my application for certification; and in the event certification is not granted, I will take no legal action against the American Institute of Hydrology, the Executive Committee, Board of Registration, staff or any individual member.

Signature: _____

Date: _____

PAYMENT METHOD (please check one):

Payment of \$ _____ (US Dollars) enclosed Check No.: _____

Charge to Visa MasterCard Diner's Club American Express

Card Number: _____ Expiration Date: _____ V-Code: _____

Signature: _____

Date: _____

Print Name: _____