

# STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION BOARD OF LICENSURE OF FORESTERS

APPLICANT INFORMATIO	ON (please print)							
FULL LEGAL NAME FIRST MIDDLE INITIAL	LAST							
ANY OTHER NAMES EVER USED:		_						
DATE OF BIRTH mm / dd / yyyy SOCIAL SE	ECURITY NUMBER							
MAILING ADDRESS								
CITY STATE ZIP	COUNTY	_						
PHONE # ( ) E-MAIL								
DISCIPLINARY ACTION D								
NOTE: Failure to disciplinary action may result in denial, fin  Has any jurisdiction taken disciplinary action against any professional l								
or denied your application for licensure? (circle one)	NO YES							
If yes, enclose a detailed explanation and copies of all documents.								
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.								
SIGNATURE	DATE							
Intern Forester Application	n	_						
Required Application Fee: \$9								
METHOD OF APPLICATION (CHECK ONE)  (for information regarding application methods, See 32 M.R.S.A. §5514(  Sections 1-4)	2619 - \$21.00							
AS degree from an SAF accredited program in Forestry or Forest Techn	nnology Check #							
BS degree from an SAF accredited program in Forestry	Amount: Cash #							
MS Degree from an SAF accredited program in Forestry	Lic. # Issue Date							
Degree from a non-accredited educational program	Exp. Date							
Variance - include supplemental forestry education page(s), resume, and letters of recommendation.								
PAYMENT OPTIONS:								
Make checks payable to "Maine State Treasurer" - If you wish to	o pay by Mastercard or Visa, fill out the following:							
NAME OF CARDHOLDER (please print) FIRST MIII	IDDLE INITIAL LAST							
MAILING ADDRESS OF CARDHOLDER (please print)								
I authorize the Department of Professional and Financial Regulation, Office of	f Professional and Occupational Regulation to charge my							
VISA MASTERCARD the following amount: \$	<u> </u>							
I understand that fees are non-refundable								
•	ration Date mm / yyyy							
SIGNATURE DATE								

Revised: March 2022 Page 1 of 5

SPONSOR Provide information of Name:  Mailing Address:	st list the name degrees obtain for a list of ac ates Attended	Graduation Date  Opposed to serve as	Attach original official transcripts Tree programs.  Degree Awarded  your sponsor:  License Number:	beginning and ending dates s; photocopies will NOT be  Accredited? (yes or no)	
EDUCATION All applicants must each institution, graduation dates, and accepted. Please refer to www.safnet.org  Name of School  Da  SPONSOR Provide information of Mailing Address:  City:  SOCIETY OF AMERICAN  As a preliminary requirement of taking the as acknowledgement that you agree to the	st list the name degrees obtain for a list of ac ates Attended	Graduation Date  oposed to serve as	Attach original official transcripts Tree programs.  Degree Awarded  your sponsor:  License Number:	Accredited? (yes or no)	
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"Applicant agrees that the applicant the purpose of seeking licensure as purpose. Because of the confident test site, reproduce the examination person."	s a forester in ial nature of	the State of Maine the exam, applicant	or for CF certification and for agrees not to take any examination	or no other nation materials from the	
Applicant signature:			Date:		

Board of Licensure of Foresters - Intern Forester Application

Revised: March 2022 Page 2 of 5

Board of Licensure	of Foresters - Intern Forester Application
Applicant Name:	
(Submit this page ON	LY if applying for an education variance)

Please document 60 contact hours of supplemental forestry education below. Education must have been completed within 4 years preceding the date of the application. You may duplicate this page as necessary.				
DATE	NAME OF COURSE, PROGRAM, PRESENTATION OR OTHER ACTIVITY	CONTACT HOURS		

Revised: March 2022 Page 3 of 5

# Board of Licensure of Foresters - Intern Forester Application Keep this page for your records

### RESPONSIBILITIES OF INTERN FORESTERS (see Rules Chapter 70, Section 2)

**Nature of Work Experience** - During an internship the intern forester shall acquire experience in the following four subject areas that constitute the profession of forestry. Each of the four subject areas must be represented in the intern forester's work experience during the internship.

- Forest Biology including but not limited to tree growth, species identification, forest ecology, wildlife and fish
  ecology and habitat manipulation, tree disease and insect problems, silviculture, soils and water relationships, and
  fire ecology.
- Forest Resources Measurement including but not limited to basic surveying, area determination, sample design and analysis, measurements of trees and forest products, and photo interpretation and mapping.
- Forest Resource Management and Harvesting including but not limited to multiple-use principles, road design and construction, harvest layout, harvesting methods, environmental protection, marketing and utilization standards, stand analysis and prescriptions, forest and wildlife habitat management, recreation management, urban forestry, fire, insect and disease protection, and financial management.
- Forest Resource Policy and Administration including but not limited to state environmental and forest practice laws, boundary and trespass laws, contract and sale administration, forest taxation, and forest economics.

**Full-time equivalency** - The forestry internship is expected to be a full-time experience. Part-time experience is acceptable, but must accumulate to the full-time equivalent of the 48-month or 24-month internship required by 32 MRSA §5515(3)(A) or (B), as the case may be.

Log - The intern forester shall maintain a log during the course of the internship. The log shall record the dates, employer, location, duties and subject area with respect to each assignment performed by the intern forester. The intern forester shall produce the log to the Board for inspection at any time. NOTE: DO NOT SEND THE LOG WITH THIS APPLICATION.

## RESPONSIBILITIES OF SPONSORS (see Rules Chapter 70, Section 4(E))

**Guidance** - All forestry work performed by an intern forester must be performed under the guidance of a forester who has agreed to sponsor the intern forester. Such guidance need not be day-to-day, direct personal supervision. However, the sponsor must have sufficiently detailed, current knowledge of the intern forester's work to enable the sponsor to:

- Adequately evaluate the intern forester's performance on an ongoing basis; and
- Submit the reference at the conclusion of the internship required by 32 MRSA §5515(4).

**Report to board -** The sponsor need not ordinarily report to the Board prior to the completion of the internship. However, the sponsor shall report to the Board on the progress and performance of the forestry intern if, at any time prior to completion of the internship—

- In the opinion of the sponsor, the quality of the intern forester's work or any other factor may, if not corrected, prevent the sponsor from submitting a favorable recommendation to the Board upon the conclusion of the internship;
- The intern forester changes sponsors, has a change in internship status or terminates the internship; or
- The sponsor resigns as sponsor.

**Replacement sponsor** - If a forester ceases to serve as sponsor without arranging for a replacement, an intern forester working under the guidance of that forester must arrange for a replacement within 30 days of the sponsor's resignation or unavailability. No work performed by an intern forester after 30 days following the resignation or unavailability of the sponsor will be recognized as part of the internship unless and until a replacement sponsor is obtained. The intern must immediately notify the board of the name and address of the replacement sponsor.

Notwithstanding anything in this subsection to the contrary, the intern forester may not endorse plans, maps and reports unless the document has been actually reviewed by the sponsor of the intern forester prior to endorsement.

Revised: March 2022 Page 4 of 5

# STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 Courier/Delivery address: 76 Northern Avenue, Gardiner, Maine 04345 Phone: (207) 624-8521 TTY users call Maine Relay 711 Fax: (207) 624-8637 www.maine.gov/professionallicensing

# **Frequently Asked Questions:**

- Where do I send my application? Our mailing address is 35 State House Station, Augusta, Maine 04333-0035. All mail sent through the United States Postal Service must use this address.
- Where are you located? 76 Northern Avenue, Gardiner, Maine.
- What hours are you open? 8:00 AM to 5:00 PM weekdays
- Can I come to Gardiner to drop off my application? Yes. You will not leave with a license, though.
- Can I come to Gardiner to pick up my license? No. Your license will be mailed to you.
- How long does it take to process an application? You can check our website: <a href="https://www.maine.gov/professionallicensing">www.maine.gov/professionallicensing</a>. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- How far back do I go answering the criminal question? Any conviction, ever.

# NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number Is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

# Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the disciplinary action disclosure question
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

Revised: March 2022 Page 5 of 5