

**ARKANSAS STATE BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS AND PROFESSIONAL SURVEYORS**
P.O. Box 3750
Little Rock, Arkansas 72203
www.arkansas.gov/pels
(501) 682-2824
Fax (501) 682-2827

INSTRUCTIONS FOR COMPLETING ENGINEER INTERN (EI) APPLICATION

This application is to be used by non-students and by students who are enrolled in a non-EAC of ABET program. Students who are enrolled in either an EAC of ABET undergraduate or graduate program should use a student form.

All applications will be returned immediately if these instructions are not followed exactly.

1. You must have an ABET (EAC) Degree or Equivalent.
2. Application must be typed. Please include your first, middle and last name.
3. Enclose one recent photograph of yourself.
4. Ask your (3) references to type or print clearly with a ball-point pen when completing the form. Two must be current licensed professional engineers who are familiar with your work (not relatives and not members of this Board).
5. Complete the experience sheets fully – the Board is not familiar with your work, so your experience must be judged and evaluated on the information you furnish. Experience information must be detailed and complete. Please account for all time after age 18 or high school graduation.
6. FEES:
Make check payable to: Arkansas PE & PS Fund.
Application*:
Engineer Intern: \$50.00
Examination*:
Fundamentals of Engineering Exam \$65.00
***THE APPLICATION AND EXAM FEES MUST BE SUBMITTED WITH YOUR APPLICATION.** All payments shall be non-refundable, unless waived by Board action. After your application has been approved you will be need to contact NCEES to whom you will pay a \$70.00 fee for administration of the examination.
7. It is the responsibility of the applicant to forward all references and verification forms to the appropriate parties. As soon as you are approved to take the exam, you will be notified.
8. Examinations are given in APRIL and OCTOBER:
Applications to be considered for the APRIL exam must be in the Board's Office complete by JANUARY 1st. (This includes all three (3) references).
Applications to be considered for the OCTOBER Exam must be in the Board's Office complete by JULY 1st. (This includes all three (3) references).
9. Please visit our homepage at www.arkansas.gov/pels or call our office at 501-682-2824 for our physical address. If overnighting your application packet, don't forget to provide our telephone number to the delivery company.

IMPORTANT: If any information or reference sheets are received in this office after the deadline, they will be placed in your file and retained until the next testing date.

**ARKANSAS STATE BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS AND PROFESSIONAL SURVEYORS**
P.O. Box 3750
Little Rock, Arkansas 72203
www.state.ar.us/pels/
Phone (501) 682-2824
Fax (501) 682-2827

Date Received Application: _____
Check: _____

**APPLICATION FOR LICENSURE
AS AN ENGINEER INTERN**

GENERAL INFORMATION

Name in full _____

If you have ever used another name list it here _____

Social Security # _____

Telephone (H) _____ (Fax) _____

Telephone (O) _____ Ext. _____

Employer _____ E-Mail _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Is this your work address? _____

Present Position _____

Place of Birth _____

Date of Birth _____ Age _____

Are you a U.S. citizen? _____ If not, where? _____

Have you taken the Fundamentals of Engineering (FE) exam previously?
Yes No Where? _____ When? _____

Date _____

<p>Please tape sides down</p> <p>Attach Recent Photograph With Face Not Less Then 3/4" Wide</p>

Photo taken on _____ mo/yr

EDUCATION

Graduated from _____ High School on _____ (m/year).

COLLEGE EDUCATION

INSTITUTION ATTENDED		PERIOD OF ATTENDANCE			DATE	DEGREE
NAME	LOCATION	FROM	TO	YEARS	GRADUATED	RECEIVED

REFERENCES

Give the names of 3 references, **not relatives and not members of this Board**. Two must be current licensed professional engineers who are familiar with your work.

Name, Title	Mailing Address—Street and Number	City	State	Zip Code

MEMBERSHIP IN SOCIETIES, ASSOCIATIONS, OR INSTITUTIONS (Professional or Scientific)

Name of Organization	Location	Grade of Membership	Date of Entrance

I do hereby certify that I have read the Rules and Regulations of the Board, the Rules of Professional Conduct, and by submitting this application agree to be bound by the Acts of Arkansas, the Rules and Regulations of the Board, the Rules of Professional Conduct and that a violation of any of the above could be the basis for revocation of my license.

Signature of Applicant

AFFIDAVIT

(To be attested before a Notary Public or other officer authorized to administer oaths)

State of _____

County of _____

On the day of _____, 20____, before the undersigned, a Notary Public, in and for the County and State

Aforesaid, came _____

a resident of _____, County and State of _____, known to me as the person herein described and subscribing hereto, as having signed the form of application attached hereto, and on oath deposes and says that the statements made are true.

Signature of Affiant _____

Subscribed and sworn to before me, this _____ day of _____, 20____

(Notary Public)

ENDORSEMENT

I, _____, _____
(Name) (Title or Position)

of the _____ herby certify that I have examined the foregoing record which to the best
EMPLOYER OR SUPERVISOR

of my knowledge and belief is correct and recommend that the applicant named herein be approved for examination as an Engineer Intern.

EMPLOYER OR SUPERVISOR SIGNATURE



**ARKANSAS
STATE BOARD OF LICENSURE
FOR PROFESSIONAL ENGINEERS
P.O. BOX 3750
LITTLE ROCK, ARKANSAS 72203**

**www.arkansas.gov/pels
Phone (501) 682-2824
Fax (501) 682-2827**

Office of Registrar: _____ (College Name)

Applicant's (first, middle and last) Name: _____

S.S. #: _____ Birthdate: _____ Phone: _____

Dear Sir or Madam:

The above named individual has filed an application for registration with this Board. In regard to his/her education, he/she states as follows:

List Types of Degrees and Dates Received:

Registrar Completes: place college seal here

Correct: _____

Incorrect: _____

Registrar's name _____

Phone number _____

Date: _____

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

Yours very truly,
Executive Director
ARKANSAS STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS
AND PROFESSIONAL SURVEYORS

NOTE: Applicant should complete top portion and forward to college with stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203.

**Arkansas State Board of Licensure for
Professional Engineers and Professional Surveyors
P.O. Box 3750
Little Rock, AR 72203**

Engineer Intern Reference Form

Applicant's Name

Note: The applicant will forward this form to each reference. Each reference is requested to complete it fully and forward it directly to the Board.

(Please use black typewriter ribbon or a dark ball-point pen)

PERTAINING TO APPLICANT

1. I have known the applicant for _____ years.
2. I (am) (am not) related. Relationship _____
3. Applicant is employed by _____
4. Applicant's general reputation and character are _____
5. I believe applicant's technical ability to be (fair) (average) (good) (excellent) (superior).
6. My business connection with applicant (is) (has been) _____

7. The following is my evaluation of the applicant's ability as an engineer _____

PERTAINING TO REFERENCE

My business of profession is _____

I am a current professional engineer in the state of _____ *Lic. No. _____

I am associated with _____

Address: _____

(Please Type or Print Your Name)

(Your Signature)

Daytime Phone: () _____ - _____ Date: _____

***ALL NON-ARKANSAS P.E. REFERENCES MUST SUPPLY A COPY OF YOUR POCKET CARD OR A PRINTOUT FROM YOUR STATE BOARD'S WEBSITE OF YOUR LICENSE TO VERIFY CURRENT REGISTRATION. Mail to: Arkansas Board of Licensure for Professional Engineers and Professional Surveyors, P.O. Box 3750, Little Rock, AR 72203-3750.**

Revised 11/17/2009

IMPORTANT – Do Not Fill Out until you read and understand this form.

EI EXPERIENCE SHEETS

1. Make statements brief and concise, designating each change in position on a separate engagement. Include the scope and complexity of work as well as your duties and degree of responsibility. If necessary, additional sheets may be used. (Begin with your earliest experience.)
2. Each of the six columns under “Time” should be filled out for each engagement, using years and tenths of years (ie. 3 months would be .25, 6 months would be a .5, and 9 months would be .75). Do not leave blank spaces, and do not use the word “yes”.
3. The time in “Sub-Professional (non-engineering) Work” (includes all time before date of BS Degree) plus the time in “Professional Work” must equal the time entered under “Total Time”. (Total Time must equal calendar time.)

Date		Title of Position, Name of Employer and Character of Each Engagement	Time (Years in Decimals)					Name and Address Of Supervisor Reg. No. if Applicable
From	To		“Other” Work (1)	Professional Work			Total Time Col. 1 + 5	
				Design (2)	Supervision (3)	Responsible Charge (4)		

EI Experience Sheet – last page

Date		Title of Position, Name of Employer and Character of Each Engagement	Time (Years in Decimals)					Name and Address Of Supervisor Reg. No. if Applicable
From	To		“Other” Work (1)	Professional Work			Total Time Col. 1 + 5	
				Design (2)	Super-vision (3)	Responsible Charge (4)		

Total Time in “Other” Work _____

Total Time in Design _____

Total Time in Supervision _____

Total Time in Responsible Charge _____

Total Time in Professional Work _____

Total Time (Not to exceed calendar time) _____