



# AMERICAN INSTITUTE OF HYDROLOGY REQUEST FOR EXAMINATION

AIH FORM005A Rev. 11/21/13

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.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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