

BOARD OF REGISTRATION EVALUATION QUESTIONNAIRE

For _____ Position

Include actual years for each answer

Circle One

1. Responsibilities and background as an Engineer.

- A. Are you currently a resident of Louisiana? Yes No
- B. Are you a registered professional engineer in the Louisiana? Yes No
If yes, how many years have you been a professional engineer? _____
- C. Are you currently employed as a professional engineer in your practice division? Yes No
If yes, give the name of your employer: _____
- D. How many years of experience do you have in your practice division as a professional engineer? _____
- E. Were your first years of experience in your current practice division? Yes No
- F. Do you have, or have you had direct supervision of engineers-in-training? Yes No
- G. Are you currently in responsible charge of important engineering work? Yes No
- H. In which area of practice (civil, electrical, etc.) are you registered? _____
Area of education? (B.S., M.S., Ph.D.) _____
- I. Years involved in technical design. _____
- J. Years in management of Non-Professional Engineer. _____
- K. Technological recognition? Yes No
- L. Technical recognition? Yes No
- M. Years in Management of Professional Engineer. _____

2. Support of Profession

- A. Years as a member of Louisiana Engineering Society/National Society of Professional Engineers/Consulting Engineers Council of Louisiana? _____
- B. Member of what Louisiana Engineering Society/National Society of Professional Engineers/Consulting Engineers Council of Louisiana Committees?

- C. Chairperson of what Louisiana Engineering Society/National Society of Professional Engineers/
Consulting Engineers Council of Louisiana Committees? _____
- D. Chapter offices held. _____
- E. State offices held. _____
- F. National office held. _____
- G. Professional recognition received. _____

3. Support of Practice in Technical Organizations

- A. Technical membership and years as a member. _____
- B. Member of technical organization committees. _____
- C. Chair of technical organizational committees. _____
- D. Chapter office of technical organization. _____
- E. State office technical organization. _____
- F. National office of technical organization. _____
- G. Technical activity recognition. _____

4. Support of Community

- A. Local/State/National political subdivision elected official? Yes No
Title: _____
- B. Community service/Religious organizations? Years as a member.

- C. Community service/Religious organizations member of committee (activity)? Yes No

- D. Community service/Religious organizations chairman of committee? Yes No

- E. Community service/Religious organization offices held? Yes No

- F. Community service recognition received? Yes No

6. List the names, complete addresses and telephone numbers of three people who will serve as professional or character references. Two of these people must be registered professional engineers.

1. Name: _____
Address: _____
City,State,Zip: _____
Email: _____
Home Phone: _____
Business Phone: _____

2. Name: _____
Address: _____
City,State,Zip: _____
Email: _____
Home Phone: _____
Business Phone: _____

3. Name: _____
Address: _____
City,State,Zip: _____
Email: _____
Home Phone: _____
Business Phone: _____

