



**Application for Qualified Data Collector Status  
Level 3 Fish Community Biology**

OFFICE USE ONLY	
QDC Number:	
Effective Date:	

Note: The questions below are based on the requirements in Ohio Administrative Code Rule 3745-4-03. Applicants should be familiar with the contents of that rule prior to completing this application. Additional information is available at <http://www.epa.ohio.gov/dsw/credibledata/index.aspx> or by calling (614) 644-3635.

Applicant Information		
Name:		
Mailing Address:		
City:	State:	Zip: -
Phone: ( ) -	Fax: ( ) -	E-mail:

<b>Affiliation(s)</b> (if applicable)	Will you collect data as part of your job? <input type="checkbox"/>	as a volunteer? <input type="checkbox"/>
List the affiliation(s) (employer or organizations) for which you expect to collect data:		

Education	
Highest Degree Earned:	Date Earned: / /
Major:	Minor:
School: (Attach copy of official transcript.)	
List all undergraduate and graduate core course work in ichthyology, limnology, aquatic biology, environmental sciences or a related discipline. (Attach additional pages if necessary.)	

General Knowledge
Do you have a general knowledge of stream and riverine physical forms and habitat features? <input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , how was it acquired? (Check one or more.)
<input type="checkbox"/> Undergraduate or graduate level course work (List courses in Education Section.)
<input type="checkbox"/> Other, describe:

Click to clear all entered information (on all 4 pages of this form) **CLEAR**

**Specialized Knowledge***(Attach additional pages if necessary.)*

a. Do you have knowledge of and the ability to accurately use fish taxonomic references and dichotomous keys to identify midwestern fish to the level of species?  Yes  No

If **Yes**, how was it acquired? *(Check one or more.)*

Undergraduate or graduate level course work *(List courses in the Education Section.)*

Other, describe:

b. Do you have knowledge of Ohio EPA electrofishing sampling protocols and data assessment procedures?

Yes  No

If **Yes**, how was it acquired? *(Detail experiences and date ranges of activities. Attach additional pages if necessary.)*

**Training**

Have you attended training and achieved a passing mark in the biocriteria certification testing for fish and qualitative habitat evaluation index offered through the voluntary action program for certified professionals, or an equivalent training program offered by Ohio EPA or a person authorized under OAC Rule 3745-4-03(E) to administer such training?  
*(Attach copy of official training certification or other documentation.)*

Yes  No

Organization or person who administered the training:

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: -

Phone: ( ) - Fax: ( ) - E-mail:

**Experience**

Applicants may attach a resume or curriculum vitae if it provides the information requested below.

Check here if resume or curriculum vitae is attached.

Alternatively, applicants should list and briefly describe experiences that total at least two years in each of the following four areas. Specify full-time or part-time and dates specific to the pertinent experiences.

a. Describe any practical experience *(including time frames)* you have in the identification of midwestern fish species.  
*(Attach additional pages if necessary.)*

Employer or School Name:

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: ( ) -

Dates of Employment:

Name of Supervisor:

Pertinent Experience:

<p>b. Describe any practical experience (<i>including time frames</i>) you have in environmental assessment work.  <i>(Attach additional pages if necessary.)</i></p>		
Employer or School Name:		
Address:		
City:	State:	Phone: (    )    -
Dates of Employment:		
Name of Supervisor:		
Pertinent Experience:		
<p>c. Describe any practical experience (<i>including time frames</i>) you have involving work in developing biological water quality sampling and analysis plans, quality assurance plans and data quality objectives processes.  <i>(Attach additional pages if necessary.)</i></p>		
Employer or School Name:		
Address:		
City:	State:	Phone: (    )    -
Dates of Employment:		
Name of Supervisor:		
Pertinent Experience:		
<p>d. Describe any practical experience (<i>including time frames</i>) you have in using electrofishing sampling techniques.  <i>(Attach additional pages if necessary.)</i></p>		
Employer or School Name:		
Address:		
City:	State:	Phone: (    )    -
Dates of Employment:		
Name of Supervisor:		
Pertinent Experience:		
<p><b>Other</b></p> <p>Describe any other experience, education, training and other factors that qualify you as a qualified data collector.  <i>(Attach additional pages if necessary.)</i></p>		

**Certification**

I certify that all information submitted in support of this application is true, accurate and complete and that I have not been convicted of or pleaded guilty to a violation of section 2911.21 of the Revised Code (criminal trespass) or a substantially similar municipal ordinance within the previous five years.

Signature:

Date: / /

Mail completed application and supporting information to:  
Ohio EPA - DSW/Credible Data Program  
P.O. Box 1049, Cols, OH 43216-1049