

HISTORICAL RESOURCES CONSULTANTS LIST APPLICATION: ARCHAEOLOGY

This form shall be completely filled out and accompanied by the applicant's professional curriculum vitae and a completed Historical Resource Consultants List Format and Fee Worksheet (see Appendix 14 of the CHRIS Information Center Rules of Operation Manual).

Name: _____ Date: _____

Affiliation: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____ Cell Phone: _____ Fax: _____

Degree Obtained / Discipline: _____

Thesis Title: _____

Date: _____ Institution: _____

Minimum professional qualifications in Archaeology are a graduate degree in archaeology, anthropology, or closely related field plus:

1. At least one year of full-time professional experience or equivalent specialized training in archaeological research, administration, or management.

Experience: _____

Dates: _____

Duration (wks/mos): _____ Total (at least 1 year): _____

Reference(s) (Supervisor) - Name, Institution, Phone Number, and Email: _____

2. At least four months of supervised field and analytical experience in general North American Archaeology.

Experience: _____

Dates: _____

Duration (wks/mos): _____ Total (at least 4 mos.): _____

Reference(s) (Supervisor) - Name, Institution, Phone Number, and Email: _____

3. Demonstrated ability to carry research to completion: _____

HISTORICAL RESOURCES CONSULTANTS LIST APPLICATION: ARCHAEOLOGY (continued)

In addition to these minimum qualifications:

A professional in prehistoric archaeology shall have at least one-year full-time professional experience at supervisory level in the study of archaeological resources of the prehistoric period.

Experience: _____

Dates: _____

Duration (wks/mos): _____ Total (at least 1 year): _____

Reference(s) (Supervisor) - Name, Institution, Phone Number, and Email: _____

A professional in historical archaeology shall have at least one-year full-time professional experience at supervisory level in the study of archaeological resources of the historical period.

Experience: _____

Dates: _____

Duration (wks/mos): _____ Total (at least 1 year): _____

Reference(s) (Supervisor) - Name, Institution, Phone Number, and Email: _____
