Certified Professional Agronomist

a program of the

American Society of Agronomy
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Introduction

If you consider yourself a professional agronomist and you teach, are a consultant, or conduct research, you should consider certification. Certification as an agronomist is based on measuring your qualifications against standards determined by the American Society of Agronomy’s (ASA) Agronomy Certifying Board. Anyone can call themselves an agronomist. Only those that have had their credentials reviewed and approved by ASA’s Agronomy Certifying Board can distinguish themselves to their clients as a Certified Professional Agronomist (CPAg).

About Certification

Agronomist is one of two certification programs offered by ASA. Each program is responsible for setting the standards for certification. Certification as an agronomist is based on a minimum of a B.S. degree in Agronomy, five years of experience (post degree), five references and passing the International Certified Crop Adviser Examination. All applicants are reviewed by the Agronomy Certifying Board which is appointed by the President of ASA.

The Agronomy Certifying Board determines if an applicant meets the certification standards by reviewing their application package. All of the application forms are contained in this booklet. Once approved by the board, the applicant is notified of the next examination.

Determining Eligibility

A quick way to determine if you are eligible for certification is to turn to the Summary of Core Requirements form. To qualify as a CPAg you must have a B.S. degree which includes a minimum of 6 to 9 hours in each of the professional core categories; crop management, pest management/crop protection, and soil science. An applicant must also have 6 to 9 additional semester hours that relate to the three professional core areas. To become certified, applicants must have a minimum of 30 semester hours of course work in agronomic related courses.

The Certifying Board is concerned with whether an applicant can demonstrate they have successfully completed undergraduate (or graduate) course work in the professional core categories. If you meet these core course minimums, have a B.S. degree, and have five years of agronomic related work experience, we encourage you to apply for certification by completing the forms and submitting the required fee.

A minimum grade point average (GPA) of 2.5 is required in the total professional core course requirement. This does not include the supporting core courses.

If you do not meet the core course minimums or have questions, please call (608) 268-4955.

Why Certification

All successful certification programs have one common element and that is to serve and protect the public’s interest. Many professions require a license to practice such as in medicine, engineering, and accounting. A license is basically a certification program offered by the state. If a profession is licensed, it is generally required that a person have a license to practice in that profession.

Certification programs offered by ASA are voluntary, but offer similar benefits to the public as licensing programs. Certification programs set standards for knowledge, skills, and conduct. These standards define the profession of agronomy which gives farmers, employers, and government agencies a tool to help them choose professionals with the necessary skills to meet their needs. The public may also file a written complaint against a professional with the potential penalties of their certification being revoked or suspended.

In summary, certification programs set standards, measure applicants against those standards, and are responsible for investigating individuals that practice outside of the programs’ code of ethics. The purpose of all these steps is to protect the public. By protecting the public’s welfare, a profession earns trust and respect which are the most important elements in securing a professional’s future.

Reasons for Certification

- to protect public welfare
- to promote and encourage professional development, growth, and renewal
- to enhance the visibility of the profession
- to maintain and promote high standards of performance by all members of the profession
- to publicize and exemplify the Code of Ethics
- to meet state and national requirements regarding individuals making recommendations to the public.

Certifications

Certifications available through ASA and SSSA follow:

- Certified Professional (CP)
- Associate Professional (AP)
- Agronomist, CPAg
- Agronomist, APag
- Soil Scientist, CPSS
- Soil Scientist, APSS
- Soil Classifier, CPSC
- Soil Classifier, APSC
- Certified Crop Adviser (CCA)

For further information or application forms on any other certification, contact ASA Headquarters, Member Services Dept., Attn. Certification Programs, 5585 Guilford Road, Madison, WI 53711-5801; phone (608) 268-4955.
I. Certified Professional Status

A. General
1. Registration
   a. Certification and inclusion in the Agronomy Professional Registry is limited to individuals who are deemed qualified professionals in agronomy.
   b. Registrants must subscribe to the Code of Ethics.
2. Certificate
   a. A certificate is provided to each individual registered as a Certified Professional Agronomist.
3. Renewal
   a. Certification is renewable annually in accordance with recertification regulations (see I.E.1).

B. Area of Certification
1. Certified Professional Agronomist (CPAg)

C. Minimum Requirements for Eligibility
1. Education Requirements
   a. Possess a bachelor’s degree from an accredited U.S. or Canadian institution with a major in agronomy or a closely allied field of science, and meet the minimum core requirements.
2. Work Experience
   a. Applicants must have five years of professional work experience in agronomy.
      (1) Applicants holding a Masters or Doctoral degree may substitute two years of professional experience for each degree held.
      (2) Experience while working toward an advanced degree does not qualify for “professional experience.”
   b. Applicants are required to demonstrate the percentage of work experience in agronomy.
      (1) Activities such as farm management, consulting, research, extension, and teaching must make up a minimum of 70% of the applicant’s time working in agronomy to count fully as work experience.
      (2) Work experience less than 70% will be prorated.
      (3) Work experience must be in agronomy.
3. Exam Requirements
   a. All applicants for CPag must pass the International Certified Crop Adviser (ICCA) Exam as a requirement for certification. ICCA exams are administered at designated locations at a cost of $175 payable with exam registration.
      (1) Location of ICCA Boards where exams are given.

Alabama    Arkansas    California    Colorado    Florida    Georgia    Hawaii    Illinois    Indiana    Iowa
Kansas    Kentucky    Michigan    Minnesota    Mississippi    Missouri    Nebraska    New Mexico    North Carolina    North Dakota
Ohio    Oklahoma    Pennsylvania    South Carolina    South Dakota    Tennessee    Texas    Wisconsin
Ontario

ICCA Local Boards
ICCA Regional Boards
Northwest Region
   Alaska, British Columbia, Idaho, Nevada, Oregon, Utah, Washington
Northeast Region
   Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont
Mid-Atlantic Region
   Delaware, Maryland, New Jersey, Virginia, and West Virginia
Rocky Mountain
   Montana and Wyoming
Atlantic Region
   New Brunswick, Newfoundland, Nova Scotia, and Prince Edward Island
Prairie Region
   Alberta, Manitoba, and Saskatchewan

4. References
   a. You must submit five references that are familiar with your work and professional experience. References must be familiar with work experience used to meet certification requirements and knowledgeable of agronomy, crops, and soils. The applicant will need to designate the time period for which the reference has personal knowledge of his or her work experience history.
      (1) At least one individual must be associated with your employment; an immediate supervisor, client, or coworker.

D. Application
1. Documentation
   a. Application is made by submitting the completed forms which are reviewed by the Certifying Board. Board approved applicants will be notified of the next exam date.
      (1) An official transcript of all academic credits including verification of degree(s).
      (2) Completed Summary of Core Requirements form.
      (3) Completed Professional Experiences form.
      (4) A professional resume or personal biographical information, which includes educational background, a list of all professional positions held, a list of significant professional activities, and a list of memberships in professional and honorary organizations.
      (5) Have you ever been charged, indicted or convicted of a felony, misdemeanor, or crime for which circumstances relate to being an agronomist? The applicant should provide information if the reply is yes to allow the board to review the case.

2. Fees
   a. An Application for Certification must be accompanied by the appropriate non-refundable fee as indicated on a current application.
E. Renewal

1. Annual Renewal
   a. Certification may be renewed annually by payment of the appropriate fee.
   b. Renewal is due annually on 31 December and is considered delinquent if not paid within 30 days after this due date. After 1 March, certification will be reinstated with payment of the annual fee plus a late fee. The registrant’s name will be dropped from the active Registry 1 July if the fee is not paid. After 12 months, reapplication is required.
   c. Continual training and education is required of all Certified Professionals. Certified Professional Agronomists must submit evidence of continuing education to maintain their Certified Professional (CP) status. Details of the recertification program are provided at the time one becomes certified.

F. Denial, Revocation, or Suspension of Certification

1. Rights and Responsibilities
   a. The right to deny, revoke, or suspend certification is vested in the certifying board.
   b. Since the certification program is entirely voluntary, ASA assumes no responsibility for any loss or disadvantage, real or imagined, that may be alleged to have resulted from denial of certification or revocation of suspension of an existing certification.

2. Reasons for Denial, Revocation, or Suspension of Certification
   a. Certification may be denied, revoked, or suspended for any of the following reasons:
      (1) If the certifying board determines that the applicant does not meet the minimum requirements as stated.
      (2) Violation of rules, regulations, or the Code of Ethics established by ASA.
      (3) Misrepresentation on an application, willful submission of incorrect information, or failure to include relevant information in any communication to the Member Services Department.
      (4) Substantial proven charges of incompetence in the area of certification.

3. Appeal
   a. Any applicant denied certification has the right of appeal.
   b. Any action to revoke or suspend certification shall be preceded by a copy of the complaint to the individual. (1) Registrants will be given the opportunity to appeal any such disciplinary action.

4. If an applicant has been denied certification or certification has been revoked due to a cause relevant to the Code of Ethics, the individual must wait three years before reapplying. (The reapplication procedure described in section V.D. applies.) Certification may be approved at the discretion of the board. During the ensuing three years the individual must complete one professional ethics course each year. The first year begins at the initial date of application or at the initial date of revocation and the second and third years begin on that anniversary date. In order for the courses to satisfy this requirement, the board must approve the courses. The applicant may submit course information to the board for the board to determine approval or rejection prior to the individual’s enrolling in the courses. During the first year, a course of at least 24 contact hours must be successfully completed. During the second and third years, the course must include at least 8 contact hours. Adequate documentation of successful completion must be provided to the board which may include a copy of the certificate or transcript and course outline. At its discretion, the board may request additional course information. At the conclusion of the three years (time starts at the initial date of application or at the initial date of revocation), the applicant may reapply under the rules in effect at the time of the reapplication. Two or more ethics violations, as determined by the board, which occur after the initial application or date of revocation will result in permanent revocation of the certificant.

II. Associate Professional Status

A. General

1. Registration
   a. It is acknowledged that individuals training in one of the certification areas may want to become professionally recognized through a professional certification program. There is a time-lapse between completion of the degree and attainment of the minimum work experience required to be eligible for full certification. For such cases, the classification of Associate Professional (AP) is available.

2. Certificate
   a. A certificate is provided to each qualified individual registered as an Associate Professional.

3. Renewal
   a. Registration is valid for the current calendar year, renewable annually, and cannot exceed the number of years specified under time-limit requirements.

B. Area of Certification

1. Associate Professional Agronomist (APAg)

C. Minimum Requirements for Eligibility

1. It is expected that those persons applying for the Associate Professional status will be recent graduates who have not met the experience requirements for a fully Certified Professional. These graduates must meet degree requirements as stated for Certified Professional Status (I.C.1.a–c).

2. The Associate Professional must subscribe to the Code of Ethics and is subject to the same standards of ethics and professionalism as stated for Certified Professionals in all sections of Certified Professional status except for CEUs.

3. Associate Professional applicants for agronomist must pass the International Certified Crop Adviser (ICCA) National Exam as a requirement for certification.
   a. See Exam Requirements (I.C.3.).

D. Application

1. Documentation
   a. A request for registration is made by submitting a completed application form including the Summary of Core Requirements form, and providing the following information:
      (1) An official transcript of all academic credits including verification of the degree(s).
      (2) A professional resume, or personal biographical information, which includes educational background, a list of all professional positions held, a list of significant professional activities, and a list
of memberships in professional and honorary organizations. If the applicant has held one or more professional positions, information about these experiences should be included on the Professional Experiences form.

3. You must submit five references familiar with your work and academic record.
   (a) One reference must be from the degree-granting institution or an immediate supervisor.
   (b) If the applicant has held one or more professional positions, references from these positions are also requested.

2. Fees
   a. An application for certification must be accompanied by the appropriate non-refundable fee as indicated on a current application. The fee schedule is briefly outlined below:
      (1) Graduating students (bachelor, masters, or doctorate) qualify for a 50% discount on the application fee if they apply and pay the required fee before graduation.
      (a) The application will be processed when transcripts verifying receipt of the degree and other necessary documents are received.

E. Renewals
   1. Registration is renewed annually by payment of a fee.

F. Associate Time-Limit Requirement
   1. Degree Requirement
      a. The length of time a person may hold the Associate Professional status before applying for full Certified Professional depends on the degree held. All requirements are exclusive of resident, full-time, graduate school work beyond the bachelor’s degree.
      b. The individual holding a bachelor’s degree is limited to six years as an Associate Professional and is eligible to apply for full certification after five years of professional practice.
      c. The individuals holding a master’s degree or doctoral degree may reduce the eligibility date and time limitations by two years for each advanced degree held.

2. Termination
   a. The Associate Professional status is terminated at the end of the time periods stated above or when Certified Professional status is granted, whichever comes first.

G. Transition to Full Certified Professional Status
   1. Application
      a. Transition from the Associate Professional status to full Certified Professional status is not automatic; an application must be made.
      b. An Associate Professional may apply for Certified Professional status after acquiring the minimum number of years of professional experience.

   2. Documentation
      a. To apply for Certified Professional status, the Associate Professional must follow the steps as outlined in Certified Professional status:
         (1) Submit a completed application form.
         (2) Attach an updated professional resume containing any additional information not included in the original credentials.
         (3) Provide references as stated in Certified Professional status. These references, where possible, should include those who have been previously identified as familiar with the Associate Professional’s professional work experience.
         (4) Remit the correct application fee. If the Associate Professional status is current, the application fee is one-half the amount for Certified Professional. If the Associate Professional status is not current (annual renewal fee not paid), the fees are the same as the Certified Professional application fee.

H. Denial, Revocation, or Suspension of Associate Professional Status
   1. The right to deny, revoke, or suspend certification as an Associate Professional is vested in the certifying board as stated for Certified Professional status.
Application for Professional Certification

1. APPLICANT’S NAME AND ADDRESS
   Please print or type:
   ❑ Dr. ❑ Mr. ❑ Ms. ❑ Mrs. ❑ Miss
   Last Name ____________________________________________
   First Name __________________________________________
   Middle Name _________________________________________
   Address ___________________________________________________________________________________________________________________
   Address ___________________________________________________________________________________________________________________
   City ___________________________________________ State ______ Zip—U.S. & Canada __________________________
   Office Phone ___________________________ Home Phone ___________________________ FAX ___________________________
   Cell Phone ___________________________ Email ____________________________________________

   Have you ever been charged, indicated or convicted of a felony, misdemeanor, or crime for which circumstances relate to being an agronomist? ❑ Yes ❑ No
   If yes, attach an explanation.

2. PERSONAL DATA (Completion of this section is optional. Information regarding specific individual members will not be released.)
   Birthdate ______________________ Race ______________________
   Citizenship ______________________ Gender ______________________

3. AREA OF CERTIFICATION APPLYING FOR (Each Certification requires a separate application.)
   ❑ Currently certified as __________________________ and applying for:
   Area of Certification
   Certified Professional (CP) ❑ Agronomist, CPAg ❑ Agronomist, APAg
   ❑ Soil Scientist, CPSS ❑ Soil Scientist, APSS
   ❑ Soil Classifier, CPSC ❑ Soil Classifier, APSC

4. DOCUMENTATION REQUIRED:
   a. Educational background including: institution, degree(s), major, and minor areas, date degree granted. An official transcript of all academic credits and including verification of degree(s) are required.
   b. Completed Professional Experience Form. List all professional positions held, professional activities, and membership and offices held in professional and honorary societies.
   c. References:
      1. For Certified Professional Applications refer to I, C, 4.
      2. For Associate Professional Applications refer to II, D, 1, (3).
   d. Completed Core Summary Form. This form does not substitute for transcripts, official transcripts are required.
   e. Resume.
   f. Signed and dated Code of Ethics

5. FEES:
   Certified Professional $ 50
   Associate Professional $ 25
   Associate Professional Prior to Graduation $ 10
   FEE ENCLOSED $ ______________________
   (Fee is non-refundable)

   MAKE CHECK PAYABLE TO:
   American Society of Agronomy
   (Payment must be in U.S. funds)

   The following credit cards are accepted:
   ❑ MasterCard ❑ Visa ❑ Discover
   Card Number ___________________________
   Expiration Date ___________________________
   Cardholder’s Name ___________________________
   Please Print ___________________________

6. NAME TO BE PRINTED ON CERTIFICATE:
   Degree following name: (choose only one)
   ❑ BS ❑ MS ❑ PhD ❑ Other ______________________ ❑ None
   Last Name ____________________________________________________________________________
   First Name ____________________________________________________________________________
   Middle Name __________________________________________________________________________
7. PROFESSIONAL EXPERTISE:

Please choose one or more categories in which you can substantiate that you are technically and professionally qualified to practice. Place the category code that you feel the most technically and professionally qualified to practice in the first choice and the next most qualified in the second choice and so on up to four choices.

1. __________ 2. __________ 3. __________ 4. __________

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<td>Plant Taxonomy</td>
</tr>
<tr>
<td>G6</td>
<td>Pollution Control</td>
</tr>
<tr>
<td>H5</td>
<td>Pomology</td>
</tr>
<tr>
<td>H7</td>
<td>Post-Harvest Physiology</td>
</tr>
<tr>
<td>A2</td>
<td>Precision Ag</td>
</tr>
<tr>
<td>W3</td>
<td>Product R&amp;D</td>
</tr>
<tr>
<td>X6</td>
<td>Range Management</td>
</tr>
<tr>
<td>X3</td>
<td>Range Soil Science</td>
</tr>
<tr>
<td>W9</td>
<td>Reclamation</td>
</tr>
<tr>
<td>E6</td>
<td>Regulatory Admin./Enforcement</td>
</tr>
<tr>
<td>E5</td>
<td>Regulatory Compliance</td>
</tr>
<tr>
<td>D4</td>
<td>Resource Conservation</td>
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<tr>
<td>R5</td>
<td>Saline Soils</td>
</tr>
<tr>
<td>M1</td>
<td>Seed Production</td>
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<tr>
<td>M3</td>
<td>Seed Technology</td>
</tr>
<tr>
<td>I9</td>
<td>Small Fruit Culture</td>
</tr>
<tr>
<td>T1</td>
<td>Soil Biochemistry</td>
</tr>
<tr>
<td>S1</td>
<td>Soil Chemistry</td>
</tr>
<tr>
<td>W5</td>
<td>Soil Erosion Sediment Control</td>
</tr>
<tr>
<td>U2</td>
<td>Soil Fertility</td>
</tr>
<tr>
<td>V1</td>
<td>Soil Genesis</td>
</tr>
<tr>
<td>V2</td>
<td>Soil Interpretations</td>
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<tr>
<td>W7</td>
<td>Soil Management</td>
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<tr>
<td>T2</td>
<td>Soil Microbiology</td>
</tr>
<tr>
<td>Z1</td>
<td>Soil Mineralogy</td>
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<tr>
<td>V3</td>
<td>Soil Morphology/Classification</td>
</tr>
<tr>
<td>R3</td>
<td>Soil Physics</td>
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<tr>
<td>U4</td>
<td>Soil Plant Analysis</td>
</tr>
<tr>
<td>U7</td>
<td>Soil-Plant Correlation</td>
</tr>
<tr>
<td>U5</td>
<td>Soil-Water-Plant Relation</td>
</tr>
<tr>
<td>V4</td>
<td>Soil Resource Inventory</td>
</tr>
<tr>
<td>V5</td>
<td>Soil Survey</td>
</tr>
<tr>
<td>G1</td>
<td>Soil and Waste Management</td>
</tr>
<tr>
<td>W1</td>
<td>Soil and Water Conservation</td>
</tr>
<tr>
<td>W2</td>
<td>Soil and Water Management</td>
</tr>
<tr>
<td>B6</td>
<td>Statistical Analysis</td>
</tr>
<tr>
<td>W6</td>
<td>Streambank Stabilization</td>
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<tr>
<td>W4</td>
<td>Surface Mine Reclamation</td>
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<tr>
<td>C5</td>
<td>Tissue Culture</td>
</tr>
<tr>
<td>E9</td>
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<tr>
<td>I3</td>
<td>Tropical Crops</td>
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<tr>
<td>N1</td>
<td>Turfgrass Management</td>
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<tr>
<td>H8</td>
<td>Viticulture</td>
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<td>G3</td>
<td>Waste Disposal, On-site</td>
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<td>G5</td>
<td>Waste, Land Treatment/Applic.</td>
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<tr>
<td>G4</td>
<td>Waste Management</td>
</tr>
<tr>
<td>W9</td>
<td>Water Diversion and Control</td>
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<td>Weed Control</td>
</tr>
<tr>
<td>L5</td>
<td>Weed Science</td>
</tr>
<tr>
<td>WO</td>
<td>Wetlands Identification</td>
</tr>
<tr>
<td>W2</td>
<td>Wildlife Management</td>
</tr>
<tr>
<td>Z9</td>
<td>Undefined, Other</td>
</tr>
</tbody>
</table>

8. PLEASE LIST NAME AND ADDRESS OF PRESENT EMPLOYER:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

9. DIRECTORY OF CONSULTANTS

A directory of certified individuals is located on the web at: http://www.agronomy.org/certification/directory/

Would you like to be included?

- [ ] Yes
- [ ] No

10. SIGNATURE

I hereby certify that all information submitted in support of this application is correct and true to the best of my knowledge and that all information regarding this application will remain confidential. Before Certification is granted, I will read and sign the Code of Ethics.

Date: ________________

Signature of Applicant: ____________________
Summary of Core Requirements
AGRONOMIST CERTIFICATION
This form does not substitute for transcripts, official transcripts are required.

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours credit</th>
<th>Office use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Area of Certification Desired</td>
</tr>
<tr>
<td>Degree</td>
<td>University</td>
<td></td>
</tr>
<tr>
<td>Major</td>
<td>Minor</td>
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</table>

I. Professional Core

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours credit</th>
<th>Office use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crop Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(production-oriented courses —field crop production, plant/crop physiology, crop science, and horticulture)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6–9 Sem. — 9–13 Qtr.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pest Mgt./Plant Protect.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(weed science, plant pathology, entomology, nematology, IPM, or aquatic courses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6–9 Sem. — 9–13 Qtr.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soil Science</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6–9 Sem. — 9–13 Qtr.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional—Professional Core Courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6–9 Sem. — 9–13 Qtr.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Prof. Core Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30 Sem. — 45 Qtr.)</td>
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</tr>
</tbody>
</table>

A minimum grade point average (GPA) of 2.5 is required in the total professional core course requirement. This does not include the supporting core courses.
II. Supporting Core

<table>
<thead>
<tr>
<th>Course no.</th>
<th>Dept.</th>
<th>Title</th>
<th>Hours credit</th>
<th>Office use</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sem.</td>
<td>Qtr.</td>
</tr>
<tr>
<td>Biology</td>
<td></td>
<td>(botany, microbiology, plant physiology)</td>
<td>(10 Sem. — 15 Qtr.)</td>
<td>Total</td>
</tr>
<tr>
<td>Chemistry</td>
<td></td>
<td>(including 1 course in organic or biochemistry)</td>
<td>(10 Sem. — 15 Qtr.)</td>
<td>Total</td>
</tr>
<tr>
<td>Computer Applications</td>
<td></td>
<td>(3 Sem. — 4 Qtr.)</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Physics, Geology, or Climatology</td>
<td></td>
<td>(3 Sem. — 5 Qtr.)</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Mathematics</td>
<td></td>
<td>(3 Sem. — 5 Qtr.)</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Statistics</td>
<td></td>
<td>(3 Sem. — 5 Qtr.)</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Communications</td>
<td>(include speech and technical writing)</td>
<td>(6 Sem. — 9 Qtr.)</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Economics</td>
<td></td>
<td>(6 Sem. — 9 Qtr.)</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Additional—Supporting Core Courses</td>
<td></td>
<td>(7 Sem. — 11 Qtr.)</td>
<td>Total</td>
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</table>

Document work experience or continuing education that may substitute for any deficiencies.
### Employment Information

<table>
<thead>
<tr>
<th>Length From</th>
<th>Degree Level</th>
<th>Employer Name, Location</th>
<th>Professional Title</th>
<th>% Time</th>
<th>Duties and Responsibilities</th>
<th>% Time/ Activity</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/94–4/96</td>
<td>BS</td>
<td>University of Maryland</td>
<td>Laboratory Manager</td>
<td>100</td>
<td>Culture samples for disease and identification: for agronomic crops—alfalfa, corn, soybeans for hort crops vegetables—tomatoes, snap beans for hort crops fruit—apples, peaches Supervision of soil fertility analysis</td>
<td>20 10 60</td>
<td>Gregory Bean Raymond Bugg Thomas Splice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>College Park, MD</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5/96–present</td>
<td>PhD</td>
<td>DeKalb Plant Genetic</td>
<td>Agronomist</td>
<td>100</td>
<td>Soil sample collection Fertilizer recommendation review Manage laboratory facility and supervise four technicians Consult with new and existing clients</td>
<td>20 15 15 50</td>
<td>Raymond Bugg Gregory Beam David Vore</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DeKalb, IL</td>
<td></td>
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</tr>
</tbody>
</table>

Months of experience this page 33
Professional Experience Form
AGRONOMIST CERTIFICATION

Last Name: ___________________________ First Name: ___________________________

Date of Degree: BS ________ MS ________ PhD ________

Are you applying for other Certifications?  ☐ Yes  ☐ No

If yes, list ________________

Cert No. __________  Area of Certification ____________________

Employment Information—Please see example page for instructions.

<table>
<thead>
<tr>
<th>Length From</th>
<th>To</th>
<th>Degree Level</th>
<th>Employer Name, Location</th>
<th>Professional Title</th>
<th>% Time</th>
<th>Duties and Responsibilities</th>
<th>% Time/Activity</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
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Months of experience this page ________________
Employment Information—*Please see example page for instructions.*

<table>
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<th>Degree</th>
<th>Employer Name, Location</th>
<th>Professional Title</th>
<th>% Time</th>
<th>Duties and Responsibilities</th>
<th>% Time/Activity</th>
<th>Reference</th>
</tr>
</thead>
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Months of experience this page ______________

Total months of experience including all pages ______________
From: ___________________________________  To:  ___________________________________

Applicant’s Name               Reference’s Name
____________________________________          ___________________________________
Applicant’s Address               Reference’s Address
____________________________________          ___________________________________
____________________________________            ___________________________________
____________________________________          ___________________________________
Applicant’s phone number

AREA OF CERTIFICATION APPLYING FOR:
Certified Professional (CP):  ❑ Agronomist, CPAg  ❑ Soil Scientist, CPSS  ❑ Soil Classifier, CPSC
Associate Professional (AP):  ❑ Agronomist, APAg  ❑ Soil Scientist, APSS  ❑ Soil Classifier, APSC

Note to Applicant: Please complete the above information and give this form to the reference. The reference needs to complete the questions on the reverse side and forward to ARCPACS, 5585 Guilford Road, Madison, WI 53711-5801 or fax both pages to 608-273-2081.

Note to Reference: The above-named individual is applying for certification and has requested that you act as a reference. Once completed, please mail to ARCPACS, 5585 Guilford Road, Madison, WI 53711-5801 or fax both pages to 608-273-2081. An applicant must provide at least five references who are familiar with her/his experience. By completing this form you will be acting as a reference for the applicant named above.

Please answer the questions on the back of this form, and include any additional comments that you feel may be helpful. This form will be reviewed by the Certifying Board to ensure that the applicant has the necessary education and experience to be certified.

Prospective applicants must meet rigorous educational, experience, and ethical standards. They must have a minimum of a BS level degree, meet certain course requirements, and adhere to the ARCPACS code of ethics. **No experience is required for Associate Professional (AP) status.**

Because we want to certify only individuals who meet the professional standards of ARCPACS, we solicit your confidential and frank opinion of this applicant.

Experience: Applicants for Certified Professional status (**no experience is needed for Associate Professional status**) must have at least five years of professional experience beyond the baccalaureate degree in each area of certification. Each advanced degree will substitute for two years professional experience; for example three years of experience at the MS level and one year at the PhD level. Those seeking soils certification are required to have three years of professional experience at both the MS and PhD level.

Please sign and return this form to: ARCPACS, 5585 Guilford Road, Madison, WI 53711-5801 or fax to 608-273-2081.
Please respond to the following items and include any pertinent information that you feel will aid in the evaluation of the applicant’s credentials.

1. In what capacity have you had association with the applicant? I am (was) the applicant’s:
   _______ Supervisor   _______ Relative   _______ Subordinate
   _______ Colleague   _______ Classmate   _______ Client
   _______ Friend   _______ Academic Adv.   _______ Other as: ________________________

2. What length of time have you known the applicant in the above capacity? ________________ years

3. For what period of time are you familiar with the applicant’s professional work experience?
   From _________________ to _________________
   month/year   month/year

4. Knowing the minimum requirements for ARCPACS certification, do you feel qualified to recommend this applicant to ARCPACS to become certified in the area of certification as stated on the reverse side? _______ Yes _______ No
   If “yes”, please proceed and complete the reference.
   If “no”, please give a brief statement of your reason(s); sign and return this letter immediately.

5. What particular strengths do you feel the applicant has that may be important in the evaluation of a professional?
___________________________________________________________________________________________________
___________________________________________________________________________________________________

6. Do you feel that the applicant is fully qualified at this time for the certification listed? _______ Yes _______ No
   If no, how could the applicant overcome any weaknesses or deficiencies?
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

7. Please comment on the applicant’s professional growth and development, ability to analyze and solve problems, resourcefulness, professionalism, and knowledge in the area of application. Also, please make any additional comments which will aid in making a fair evaluation of this applicant.
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

8. Do you recommend this applicant to be certified in the area of certification as stated on the reverse side? _____ Yes _____ No

Your response will remain confidential.

Print Name _______________________________ Professional Title _______________________

Signature _______________________________ Location _______________________________

Employer _______________________________ Date _______________________________

License or Certified as ___________________________ Telephone _______________________

Email ________________________________
From: _______________________________ To: _______________________________

Applicant’s Name

Applicant’s Address

Applicant’s phone number

Reference’s Name

Reference’s Address

AREA OF CERTIFICATION APPLYING FOR:

Certified Professional (CP): ❑ Agronomist, CPAg ❑ Soil Scientist, CPSS ❑ Soil Classifier, CPSC

Associate Professional (AP): ❑ Agronomist, APAg ❑ Soil Scientist, APSS ❑ Soil Classifier, APSC

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   From __________________ to __________________
   month/year  month/year

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___________________________________________________________________________________________________

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___________________________________________________________________________________________________
___________________________________________________________________________________________________

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___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

8. Do you recommend this applicant to be certified in the area of certification as stated on the reverse side? _____ Yes _____ No

   Your response will remain confidential.

Print Name _______________________________ Professional Title _______________________________
Signature ___________________________________ Location ________________________________
Employer __________________________________ Location ________________________________
Date __________________ Licensed or Certified as __________________ Telephone ___________________
Email ________________________________________
Certification Programs
Certified Professional Agronomist sponsored by the American Society of Agronomy
Certified Professional Soil Scientist
Certified Professional Soil Classifier sponsored by the Soil Science Society of America
www.agronomy.org/certifications
www.soils.org/certifications

From: ___________________________________  To:  ___________________________________
Applicant’s Name               Reference’s Name
____________________________________          ___________________________________
Applicant’s Address               Reference’s Address
____________________________________          ___________________________________
____________________________________            ___________________________________
____________________________________          ___________________________________
Applicant’s phone number

AREA OF CERTIFICATION APPLYING FOR:
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Please sign and return this form to: ARCPACS, 5585 Guilford Road, Madison, WI 53711-5801 or fax to 608-273-2081.
Please respond to the following items and include any pertinent information that you feel will aid in the evaluation of the applicant’s credentials.

1. In what capacity have you had association with the applicant? I am (was) the applicant’s:
   ____ Supervisor  ____ Relative  ____ Subordinate
   ____ Colleague  ____ Classmate  ____ Client
   ____ Friend  ____ Academic Adv.  ____ Other as: ________________________

2. What length of time have you known the applicant in the above capacity? ________________ years

3. For what period of time are you familiar with the applicant’s professional work experience?
   From _______________ to _______________
   month/year  month/year

4. Knowing the minimum requirements for ARCPACS certification, do you feel qualified to recommend this applicant to ARCPACS to become certified in the area of certification as stated on the reverse side? _______ Yes  _______ No
   If “yes”, please proceed and complete the reference.
   If “no”, please give a brief statement of your reason(s); sign and return this letter immediately.

5. What particular strengths do you feel the applicant has that may be important in the evaluation of a professional?
   _______________________________________________________________________
   _______________________________________________________________________
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   _______________________________________________________________________
   _______________________________________________________________________

6. Do you feel that the applicant is fully qualified at this time for the certification listed? _______ Yes  _______ No
   If no, how could the applicant overcome any weaknesses or deficiencies?
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
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   _______________________________________________________________________
   _______________________________________________________________________

7. Please comment on the applicant’s professional growth and development, ability to analyze and solve problems, resourcefulness, professionalism, and knowledge in the area of application. Also, please make any additional comments which will aid in making a fair evaluation of this applicant.
   _______________________________________________________________________
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   _______________________________________________________________________

8. Do you recommend this applicant to be certified in the area of certification as stated on the reverse side? ____ Yes  ____ No

   Your response will remain confidential.

Print Name _________________________________________________________________
Signature ___________________________ Professional Title _______________________
Employer ___________________________ Location ________________________________
Date ___________________ Licensed or Certified as ___________________________ Telephone _______________________
Email ___________________________
AREA OF CERTIFICATION APPLYING FOR:
Certified Professional (CP): ☐ Agronomist, CPAg  ☐ Soil Scientist, CPSS  ☐ Soil Classifier, CPSC
Associate Professional (AP): ☐ Agronomist, APAg  ☐ Soil Scientist, APSS  ☐ Soil Classifier, APSC

Note to Applicant: Please complete the above information and give this form to the reference. The reference needs to complete the questions on the reverse side and forward to ARCPACS, 5585 Guilford Road, Madison, WI 53711-5801 or fax both pages to 608-273-2081.

Note to Reference: The above-named individual is applying for certification and has requested that you act as a reference. Once completed, please mail to ARCPACS, 5585 Guilford Road, Madison, WI 53711-5801 or fax both pages to 608-273-2081. An applicant must provide at least five references who are familiar with her/his experience. By completing this form you will be acting as a reference for the applicant named above.

Please answer the questions on the back of this form, and include any additional comments that you feel may be helpful. This form will be reviewed by the Certifying Board to ensure that the applicant has the necessary education and experience to be certified.

Prospective applicants must meet rigorous educational, experience, and ethical standards. They must have a minimum of a BS level degree, meet certain course requirements, and adhere to the ARCPACS code of ethics. No experience is required for Associate Professional (AP) status.

Because we want to certify only individuals who meet the professional standards of ARCPACS, we solicit your confidential and frank opinion of this applicant.

Experience: Applicants for Certified Professional status (no experience is needed for Associate Professional status) must have at least five years of professional experience beyond the baccalaureate degree in each area of certification. Each advanced degree will substitute for two years professional experience; for example three years of experience at the MS level and one year at the PhD level. Those seeking soils certification are required to have three years of professional experience at both the MS and PhD level.

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   ____ Supervisor  ____ Relative  ____ Subordinate
   ____ Colleague  ____ Classmate  ____ Client
   ____ Friend  ____ Academic Adv.  ____ Other as: ______________________

2. What length of time have you known the applicant in the above capacity? __________________ years

3. For what period of time are you familiar with the applicant’s professional work experience?
   From __________________ to __________________
   month/year   month/year

4. Knowing the minimum requirements for ARCPACS certification, do you feel qualified to recommend this applicant to ARCPACS to become certified in the area of certification as stated on the reverse side? ______ Yes ______ No
   If “yes”, please proceed and complete the reference.
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   ______________________________________________________________________________________
   ______________________________________________________________________________________

6. Do you feel that the applicant is fully qualified at this time for the certification listed? ______ Yes ______ No
   If no, how could the applicant overcome any weaknesses or deficiencies?
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

7. Please comment on the applicant’s professional growth and development, ability to analyze and solve problems, resourcefulness, professionalism, and knowledge in the area of application. Also, please make any additional comments which will aid in making a fair evaluation of this applicant.
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

8. Do you recommend this applicant to be certified in the area of certification as stated on the reverse side? ____ Yes ____ No

Your response will remain confidential.

Print Name ____________________________________________
Signature ____________________________________________ Professional Title ______________________
Employer ____________________________________________ Location __________________________
Date ______________ Licensed or Certified as ______________ Telephone _______________________
Email ________________________________________________

22
From: ___________________________________  To:  ___________________________________
Applicant’s Name               Reference’s Name
____________________________________          ___________________________________
Applicant’s Address               Reference’s Address
____________________________________          ___________________________________
____________________________________            ___________________________________
____________________________________          ___________________________________
Applicant’s phone number

AREA OF CERTIFICATION APPLYING FOR:
Certified Professional (CP):  □ Agronomist, CPAg  □ Soil Scientist, CPSS  □ Soil Classifier, CPSC
Associate Professional (AP):  □ Agronomist, APAg  □ Soil Scientist, APSS  □ Soil Classifier, APSC

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   From __________________ to ________________
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   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

8. Do you recommend this applicant to be certified in the area of certification as stated on the reverse side? _____ Yes _____ No

   Your response will remain confidential.

Print Name ___________________________ Professional Title ________________________
Signature ____________________________________________
Employer ______________________________________ Location ________________________
Date ______________ Licensed or Certified as ___________________ Telephone ______________
Email __________________________________________________________________________
Article I. Preamble

1. The privilege of professional practice imposes obligations of responsibility as well as professional knowledge. The ARCPACS program certifies the credentials of individuals through national certification boards and state certification boards. Registrants who enter into ARCPACS via national certification boards will receive the designation of Certified Professional. The ARCPACS program will only award the title of Certified Professional to individuals who have completed a BS, MS, or PhD degree and have met the experience requirements as set forth by the following Certification Boards: Agronomy, Crop Science, Soil Science, Plant Pathology, Horticulture, and Weed Science.

2. The ARCPACS program will award the title of Certified to individuals who meet the experience, testing requirements, and the continuing education requirements of the State Boards participating in the Certified Crop Adviser (CCA) program. The CCA program does not require college level education. However, college education will substitute for part of CCA work experience requirement as provided for in the CCA guidelines.

3. Certified Professionals and Certified Crop Advisers (hereafter called Registrants), at the request of a client or employer, must disclose the information used to gain certification. Registrants who knowingly misrepresent their credentials will face disciplinary action.

Article II. Relation of Professional to the Public

1. A Registrant shall avoid and discourage sensational, exaggerated, and/or unwarranted statements that might induce participation in unsound enterprises.

2. A Registrant shall not give professional opinion or make a recommendation without being as thoroughly informed as might reasonably be expected considering the purpose for which the opinion or recommendation is desired, and the degree of completeness of information upon which the opinion is based should be made clear.

3. A Registrant shall not issue a false statement or false information even though directed to do so by employer or client.

Article III. Relation of Professional to Employer and Client

1. A Registrant shall protect, to the fullest extent possible, the interest of his/her employer or client insofar as such interest is consistent with the law and professional obligations and ethics.

2. A Registrant who finds that obligations to their employer or client conflict with their professional obligation or ethics should work to have such objectionable conditions corrected.

3. A Registrant shall not use, directly or indirectly, an employer’s or client’s information in any way that would violate the confidence of the employer or client.

4. A Registrant retained by one client shall not accept, without the client’s written consent, an engagement by another if the interests of the two are in any manner conflicting.

5. A Registrant who has made an investigation for any employer or client shall not seek to profit economically from the information gained, unless written permission to do so is granted or until it is clear that there can no longer be a conflict of interest with the original employer or client.

6. A Registrant shall not divulge information given in confidence.

7. A Registrant shall engage, or advise employer or client to engage, and cooperate with other experts and specialists.

8. A Registrant protects the interests of a client by recommending only products and services that are in the best interest of the client and public.

9. A Registrant protects his/her credibility by disclosing to clients how he/she will be compensated for providing recommendations to the client.

Article IV. Relation of Professionals to Each Other

1. A Registrant shall not falsely or maliciously attempt to injure the reputation of another.

2. A Registrant shall freely give credit for work done by others, to whom the credit is due, and shall refrain from plagiarism of oral and written communications and shall not knowingly accept credit rightfully due another person.

3. A Registrant shall not use the advantage of public employment (i.e., university, government) to compete unfairly with other certified professions.

4. A Registrant shall endeavor to cooperate with others in the profession and encourage the ethical dissemination of technical knowledge.

Article V. Duty to the Profession

1. A Registrant shall aid in exclusion from certification those who have not followed this Code of Ethics or who do not have the required education and experience.

2. A Registrant shall uphold this Code of Ethics by precept and example and encourage, by counsel and advice, other Registrants to do the same.

3. A Registrant having positive knowledge of deviation from this Code by another Registrant shall bring such deviation to the attention of the Board.

I, the undersigned, agree to adhere to the above Code of Ethics.

Print name ____________________________ Date ________________________

Signature ____________________________