

# Certified Professional Soil Scientist Application



## Certified Professional Soil Scientist

In order to qualify for certification, one of the two points below must be met (for full CPSS certification, not APSS):

1. Hold a Bachelor's degree in Soil Science or closely related Agricultural, Earth, or Environmental Science (e.g., a named option in Soil Science, minor in Soil Science) and 5 years of work experience.

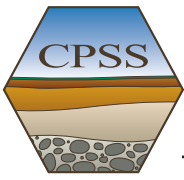
**Or**

2. Hold a MS or PhD degree in Soil Science or closely related Agricultural, Earth, or Environmental Science (e.g., a named option in Soil Science, minor in Soil Science) and 3 years of work experience.

If you are applying for the APSS, you must meet the education requirements above and be working toward the work experience requirement.

**Note:** Incomplete applications will be returned to the applicant without review.

**As of February 1, 2012, all new applications received must be on the new application and meet the new requirements.**



Certified Professional  
Soil Scientist

5585 Guilford Road • Madison, WI 53711-5801 • (608) 268-4955 • FAX (608) 273-2081 • www.soils.org/certifications

# Application for Professional Certification

## 1. APPLICANT'S NAME AND ADDRESS

Please print or type:

Dr.  Mr.  Ms.

Office Use Only

Certification No.

Last Name/Surname \_\_\_\_\_

First Name/Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_ County (U.S. only) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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 a soil scientist or soil classifier?  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

Currently certified as \_\_\_\_\_ and applying for:  
(CCA, CCA-CPAg, APSS, or N/A)

### Area of Certification

Certified Professional Soil Scientist, CPSS

Associate Professional Soil Scientist, APSS

## 4. DOCUMENTATION REQUIRED:

- Completed Core Requirement Form documenting educational background including: institution, degree(s), major, and minor areas, and course work.
- An Official Transcript of all academic credits and including verification of degree(s).
- Completed Professional Experience Form. List all professional positions held, professional activities, and membership and offices held in professional and honorary societies.
- Completed Core Summary Form.
- Resume.
- Signed and dated Code of Ethics
- References:
  - For Certified Professional Applications refer to I.B.3.
  - For Associate Professional Applications refer to II.C.1.(3).

## 5. FEES:

APSS Application Fee \$75.00

CPSS Application Fee \$125.00

**FEE ENCLOSED \$** \_\_\_\_\_

(Fee is non-refundable)

## MAKE CHECK PAYABLE TO:

SOIL SCIENCE SOCIETY OF AMERICA

(Payment must be in U.S. funds)

The following credit cards are accepted:

MasterCard  Visa  Discover  AMX

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Please Print Name \_\_\_\_\_

## 6. NAME TO BE PRINTED ON CERTIFICATE:

Degree following name: (choose only one)—optional

BS  BA  MS  PhD  Other \_\_\_\_\_

\_\_\_\_\_  
Last Name/Surname

\_\_\_\_\_  
First Name/Given 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. \_\_\_\_\_

- Acid-Sulfate Soils—S2
- Agricultural Administration—P3
- Agricultural Climatology—E1
- Agricultural Development—F2
- Agro-forestry—X0
- Agronomic Education—P1
- Agronomic Management—F1
- Agronomy (general)—A1
- Best Management Practices—F4
- Biometrics—A3
- Biotechnology—C1
- Cell Biology—C2
- Computer Assisted Design—B5
- Computer Modeling—B4
- Computer Uses—B1
- Conservation Education—P2
- Conservation Planning, Food Security Act 1985—F5
- Comprehensive Nutrient Management—N4
- Conservation Tillage—D6
- Crop Breeding—J1
- Crop Chemistry—K5
- Crop Cytogenetics—J5
- Crop Ecology—L1
- Crop Genetics—J7
- Crop Marketing—L3
- Crop Metabolism—K1
- Crop Physiology—K3
- Crop Production—L4
- Crop Protection—L6
- Crop Quality—O1
- Crop Science—I1
- Crop Specialization—Cannery Crops—P4
- Crop Specialization—Corn—P5
- Crop Specialization—Cotton—P6
- Crop Specialization—Grazing—P7
- Crop Specialization—Rice—P8
- Crop Specialization—Small Grains—P9
- Crop Specialization—Soybean—Q2
- Crop Specialization—Tobacco—Q3
- Crop Specialization—Tree Fruit—Q4
- Crop Specialization—Vegetable—Q5
- Crop Specialization—Wheat—Q6
- Crop Utilization—O2
- Cytology—J3
- Digitized Mapping—B3
- Edaphology—U3
- Entomology—L9
- Environmental Protection—E3
- Environmental Regulation—E2
- Ethics—E9
- Farm Management—F6
- Farmland Preservation—F3
- Fertilizer Technology—Y1
- Fertilizer Use—Y3
- Floriculture—H3
- Floristry—H4
- Forages—N2
- Forest Soils—X1
- Garden Center Management—I7
- Genetics—J9
- Greenhouse Production—H2
- Ground Water Quality—G7
- Hazardous Waste Management—G2
- Horticulture (General)—H1
- Hydric Soils—R4
- Impact Assessment—E4
- Information Systems—B2
- International Agronomy—I4
- International Horticulture—I6
- Irrigation—R1
- Irrigation and Drainage—R2
- Labor Management—F7
- Land Classification—V8
- Land Management—D1
- Land Resource Analysis—V6
- Land Resource Development—V7
- Land Use—D2
- Land Use Planning—D5
- Molecular Cytogenetics—C4
- Molecular Genetics—C3
- Nursery Management—I8
- Nutrient Management—N3
- Olericulture—H6
- Organic—O3
- Ornamental Horticulture—H9
- Pedology—U6
- Pest Management—L7
- Pesticide Use—L8
- Plant Breeding—J2
- Plant Chemistry—K6
- Plant Ecology—L2
- Plant Cytogenetics—J6
- Plant Cytology—J4
- Plant Genetics—J8
- Plant Metabolism—K2
- Plant Nutrition—U1
- Plant Pathology—I5
- Plant Physiology—K4
- Plant Propagation—K7
- Plant Taxonomy—K8
- Pollution Control—G6
- Pomology—H5
- Post-Harvest Physiology—H7
- Product R&D—W3
- Range Management—X6
- Range Soil Science—X3
- Reclamation—W8
- Regulatory Admin./Enforcement—E5
- Regulatory Compliance—E6
- Resource Conservation—D4
- Saline Soils—R5
- Seed Production—M1
- Seed Technology—M3
- Small Fruit Culture—I9
- Soil Biochemistry—T1
- Soil Chemistry—S1
- Soil Erosion Sediment Control—W5
- Soil Fertility—U2
- Soil Genesis—V1
- Soil Interpretations—V2
- Soil Management—W7
- Soil Microbiology—T2
- Soil Mineralogy—Z1
- Soil Morphology/Classification—V3
- Soil Physics—R3
- Soil Plant Analysis—U4
- Soil-Plant Correlation—U7
- Soil Science—Q1
- Soil-Water-Plant Relation—U5
- Soil Resource Inventory—V4
- Soil Survey—V5
- Soil and Waste Management—G1
- Soil and Water Conservation—W1
- Soil and Water Management—W2
- Statistical Analysis—B6
- Streambank Stabilization—W6
- Surface Mine Reclamation—W4
- Tissue Culture—C5
- Tropical Agriculture—I3
- Tropical Crops—I2
- Turfgrass Management—N1
- Viticulture—H8
- Waste Disposal, On-site—G3
- Waste, Land Treatment/Applic.—G5
- Waste Management—G4
- Water Diversion and Control—W9
- Weed Control—L0
- Weed Science—L5
- Wetlands Identification—W0
- Wildlife Management—X2
- Undefined, Other—Z9

**8. PLEASE LIST NAME AND ADDRESS OF PRESENT EMPLOYER:**

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**9. DIRECTORY OF CONSULTANTS**

A directory of certified individuals is located on the web at: <http://www.soils.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. I have read and signed the Code of Ethics.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

If you have questions on completing this application, please contact Marta McCoy [mmccoy@sciencesocietes.org](mailto:mmccoy@sciencesocietes.org) or at 608-268-4955



# SSSA Soils Certifying Board

## Code of Ethics

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### Article I. Preamble

1. The privilege of professional practice imposes obligations of responsibility as well as professional knowledge. The Soil Science Society of America (SSSA) certifies the credentials of individuals through the Soils Certifying Board, which is the national soil science certification board. Individuals who meet the requirements for soil science certification will receive the designation of Certified Professional Soil Scientist (CPSS) or Certified Professional Soil Classifier (CPSC). The soil science certification program will only award the title of CPSS/CPSC to individuals who have met the examination, education, experience and ethics requirements as set forth by the SSSA Soils Certifying Board.
2. The Soils Certifying Board will award the title of CPSS to individuals who meet the college education, experience, testing requirements, ethics and the continuing education requirements of the Soils Certifying Board. CPSC was no longer issued after 2011. Existing CPSC still apply.
3. A CPSS/CPSC, at the request of a client or employer, must disclose the information used to gain certification. CPSS/CPSC who knowingly misrepresents their credentials will face disciplinary action.

### Article II. Relation of Professional to the Public

1. A CPSS/CPSC shall avoid and discourage sensational, exaggerated, and/or unwarranted statements that might induce participation in unsound enterprises.
2. A CPSS/CPSC 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 CPSS/CPSC 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 CPSS/CPSC 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 CPSS/CPSC 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 CPSS/CPSC 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. CPSS/CPSC 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 CPSS/CPSC 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 CPSS/CPSC shall not divulge information given in confidence.
7. A CPSS/CPSC shall engage, or advise employer or client to engage, and cooperate with other experts and specialists.
8. A CPSS/CPSC 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 CPSS/CPSC 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 CPSS/CPSC shall not falsely or maliciously attempt to injure the reputation of another.
2. A CPSS/CPSC 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 CPSS/CPSC shall not use the advantage of public employment (i.e., university, government) to compete unfairly with other certified professions.
4. A CPSS/CPSC 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 CPSS/CPSC 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 CPSS/CPSC shall uphold this Code of Ethics by precept and example and encourage, by counsel and advice, other Registrants to do the same.
3. A CPSS/CPSC having positive knowledge of deviation from this Code by another Registrant shall bring such deviation to the attention of the Soils Certifying Board.

Soils Certifying Board 8/11

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

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

Please Print Name \_\_\_\_\_



Certified Professional  
Soil Scientist

# Soil Science Core Requirements

*This form does not substitute for transcripts, official transcripts are required.*

Certified Professional Soil Scientist, 5585 Guilford Road, Madison, WI 53711-5801 • (608) 268-4955

FOR OFFICE USE

No. \_\_\_\_\_

First Name/Given Name \_\_\_\_\_  
 Last Name/Surname \_\_\_\_\_  
 Degree \_\_\_\_\_  
 University \_\_\_\_\_  
 Major \_\_\_\_\_  
 Minor \_\_\_\_\_

**Professional Core Requirements include:**

- ≥ 15 semester credits total of which ≥ 9 semester credits must be upper division
- Lower division=Freshman and sophomore level courses.
- Upper division=Junior, senior, and graduate level courses.
- In the component column, put an X in either the laboratory or field column that best describes the course
- Laboratory and/or Field coursework is a required component in ≥ 2 of the soil Science Core classes. Examples including soil judging, undergraduate research, laboratory exercises, field courses.
- 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.
- In the credit hours column, indicate if they are semester or quarter hours (ex 3 Sem or 3 Qtr).

I. Professional Core	Course no.	Dept.	Title	Credit Hours		Component		Grade	University	SSSA Use
				Lower Div.	Upper Div.	Laboratory	Field			
<b>Soil Genesis, Morphology, &amp; Classification</b>										
<b>Soil Chemistry &amp; Mineralogy</b>										

Last Name/Surname \_\_\_\_\_

	Course no.	Dept.	Title	Credit Hours		Component		Grade	University	SSSA Use
				Lower Div.	Upper Div.	Laboratory	Field			
<b>I. Professional Core</b>  <b>Soil Fertility &amp; Nutrient Management</b>										
<b>Soil Physics</b>										
<b>Soil Biology &amp; Soil Ecology</b>										
<b>Soils &amp; Land Use Management</b> <small>(Forest Soils, Soil Conservation, Erosion &amp; Sediment Control, Environmental Soil Science, Wetland Soils, Urban Soils)</small>										

Last Name/Surname \_\_\_\_\_

**Supporting Core Requirements Include:**

- $\geq 45$  semester credits total of which  $\geq 15$  semester credits must be upper division.
- Lower division=Freshman and sophomore level courses. Upper division=Junior, Senior, and graduate courses.
- **4 of the following 8 areas must have  $\geq 5$  credits.**
- Examples are provided for each category
- If you are short credits, your application will be rejected unless you provide a written explanation of other courses/experience to fulfill the missing credit requirement(s).

II. Supporting Core	Course no.	Dept.	Title	Credit Hours		Grade	University	SSSA Use
				Lower Div.	Upper Div.			
<b>Agricultural Science</b> (Agronomy, Crop Science, Agroforestry, Horticulture, Precision Agriculture, Sustainable Agriculture, Range Science, Turf Science, Weed Science)								
<b>Biological &amp; Ecological Sciences</b> (Biology, Botany, Ecology, Forestry, Microbiology, Range Science, Wetland Science)								
<b>Chemistry, Mathematics, Physics, Statistics</b>								
<b>Communications</b> (Speech, Technical Writing)								

Last Name/Surname \_\_\_\_\_

II. Supporting Core	Course no.	Dept.	Title	Credit Hours		Grade	University	SSSA Use
				Lower Div.	Upper Div.			
<b>Geoscience Science</b> (Archeology, Physical Geography, Geographic Information Systems, Meteorology, Remote Sensing, Terrain Analysis, & Atmospheric Science)								
<b>Human Health &amp; Land Use</b> (Environmental Law & Policy, Environmental Ethics & Philosophy, Environmental Quality, Hazards, Land Use Planning, Site Assessment, Sustainability, Toxicology, Waste Management, HAZWOPER)								
<b>Technology &amp; Engineering</b> (Agricultural Engineering, Bioengineering Soil, Civil, Construction & Geotechnical Engineering, Environmental Engineering, Irrigation Technology, Computer Aided Drafting)								
<b>Water Sciences</b> (Hydrology, Hydrogeology, Limnology, Water Resources, Vadose Zone, Wetland Science)								





**EXAMPLE**

**Professional Work Experience Form  
SOIL SCIENCE CERTIFICATION**

**INSTRUCTIONS**

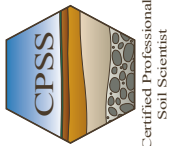
1. List full-time positions in sequential order, ending with current position.
2. List only professional-level positions in the area of soil science beyond the baccalaureate degree. Work experience while obtaining an advanced degree should not be included.
3. List beginning and ending month and year for all positions.
4. If you have worked in two positions concurrently, indicate under the percent time category the yearly percentage time you worked in each position.
5. Show the percent time on an annual basis for each work activity (should total 100%).
6. Under reference, list the reference(s) most familiar with each work experience.
7. Duties and responsibilities should be specific and detailed.
8. Be sure to total months of experience.  
*Remember work experience gained while seeking a degree does not count toward the CPSS/SC work experience requirement.*
9. Copy/print additional pages if needed.

**EXAMPLE**

**Employment Information**

Length From To	Degree Level	Employer Name, Location	Professional Title	% Time	Duties and Responsibilities	% Time/Activity	Reference
9/88-9/90	BS	Davis Engineering Culpeper, VA	Soil Scientist	100	Delineate hydric soils on potential highway right of ways Describe soils on archaeology sites to meet environmental impact requirements Manage equipment for site investigations Coordinate GIS land use interpretation	50 5 10 35	Polly Pedon John Mudd David Auger William Profile
9/90-present	BS	Soil Pro's York, PA	Soils Investigator	100	Soil characterization for drain fields Development reports for county and state agencies for site suitability, permits for septic fields, landfills, and secondary road construction Workshops for clients on regulatory requirements and permits for construction	50 40 10	Steve Pitts

Months of experience this page 100



# Professional Work Experience Form

## SOIL SCIENCE CERTIFICATION

Date of Degree: Bachelors \_\_\_\_\_ MS \_\_\_\_\_ PhD \_\_\_\_\_

Last Name/Surname \_\_\_\_\_ First Name/Given Name \_\_\_\_\_

**Employment Information—Please see example page for instructions.**

Length From To	Degree Level	Employer Name, Location	Professional Title	% Time	Duties and Responsibilities	% Time/ Activity	Reference

Months of experience this page

Last Name/Surname \_\_\_\_\_ First Name/Given Name \_\_\_\_\_

**Employment Information—Please see example page for instructions.**

Length From To	Degree Level	Employer Name, Location	Professional Title	% Time	Duties and Responsibilities	% Time/ Activity	Reference

Months of experience this page \_\_\_\_\_

Total months of experience including all pages \_\_\_\_\_



# Reference Request

From: \_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's phone number

To: \_\_\_\_\_  
Reference's Name

\_\_\_\_\_  
Reference's Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reference's Phone Number

Check if reference is:

CPSS  CPAg

Licensed Soil Scientist (State) \_\_\_\_\_

Soil Science Faculty

## AREA OF CERTIFICATION APPLYING FOR:

Certified Professional Soil Scientist (CPSS)

Associate Professional Soil Scientist (APSS)

**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 the SSSA Offices (see below).

**Note to Reference:** The above-named individual is applying for certification and has requested that you act as a reference. An applicant must provide at least five references (including at least one that is a CPSS or CPAg, a licensed soil scientist, or a faculty member familiar with the applicants work experience in soil science, as referenced in I.B.3 of the CPSS Policy Document), and others 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 Bachelor's level degree, meet certain course requirements, and adhere to the code of ethics. **No experience is required for Associate Professional (AP) status.**

Because we want to certify only individuals who meet the professional standards, 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. An advanced degree will substitute for two years professional experience; for example three years of professional experience at both the MS and/or PhD level.

**Please sign and return this form (2 pages) directly to:** Marta McCoy at mmccoy@sciencesocieties.org or mail to SSSA Certification Department, 5585 Guilford Road, Madison, WI 53711-5801 or fax to 608-273-2081

*\*Reference letters sent to the applicant will not be considered.*

**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 (*family members/relatives not valid references*)?  
I am (was) the applicant's:  
 Supervisor                                       Subordinate                                       Academic Advisor  
 Colleague     Classmate                                       Client  
 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 certification, do you feel qualified to *recommend* this applicant 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 in # 7 below 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 \_\_\_\_\_

Signature \_\_\_\_\_ Professional Title \_\_\_\_\_

Employer \_\_\_\_\_ Location \_\_\_\_\_

Date \_\_\_\_\_ Licensed or Certified as \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

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*\*Reference letters sent to the applicant will not be considered.*



# Reference Request

From: \_\_\_\_\_  
Applicant's Name

\_\_\_\_\_

Applicant's Address

\_\_\_\_\_

\_\_\_\_\_

Applicant's phone number

To: \_\_\_\_\_  
Reference's Name

\_\_\_\_\_

Reference's Address

\_\_\_\_\_

\_\_\_\_\_

Reference's Phone Number

Check if reference is:

CPSS    CPAg

Licensed Soil Scientist (State) \_\_\_\_\_

Soil Science Faculty

### AREA OF CERTIFICATION APPLYING FOR:

- Certified Professional Soil Scientist (CPSS)
- Associate Professional Soil Scientist (APSS)

**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 the SSSA Offices (see below).

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1. In what capacity have you had association with the applicant (*family members/relatives not valid references*)?  
 I am (was) the applicant’s:  
     \_\_\_\_ Supervisor                              \_\_\_\_ Subordinate                              \_\_\_\_ Academic Advisor  
     \_\_\_\_ Colleague                              \_\_\_\_ Classmate                              \_\_\_\_ Client  
     \_\_\_\_ 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 certification, do you feel qualified to *recommend* this applicant 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 in # 7 below 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 \_\_\_\_\_  
 Signature \_\_\_\_\_ Professional Title \_\_\_\_\_  
 Employer \_\_\_\_\_ Location \_\_\_\_\_  
 Date \_\_\_\_\_ Licensed or Certified as \_\_\_\_\_ Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

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*\*Reference letters sent to the applicant will not be considered.*



**Certification Programs**

Certified Professional Soil Scientist  
sponsored by the Soil Science Society of America

www.soils.org/certifications

# Reference Request

From: \_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's phone number

To: \_\_\_\_\_  
Reference's Name

\_\_\_\_\_  
Reference's Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reference's Phone Number

Check if reference is:

CPSS  CPAg

Licensed Soil Scientist (State) \_\_\_\_\_

Soil Science Faculty

### AREA OF CERTIFICATION APPLYING FOR:

Certified Professional Soil Scientist (CPSS)

Associate Professional Soil Scientist (APSS)

**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 the SSSA Offices (see below).

**Note to Reference:** The above-named individual is applying for certification and has requested that you act as a reference. An applicant must provide at least five references (including at least one that is a CPSS or CPAg, a licensed soil scientist, or a faculty member familiar with the applicants work experience in soil science, as referenced in I.B.3 of the CPSS Policy Document), and others 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 Bachelor's level degree, meet certain course requirements, and adhere to the code of ethics. **No experience is required for Associate Professional (AP) status.**

Because we want to certify only individuals who meet the professional standards, 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. An advanced degree will substitute for two years professional experience; for example three years of professional experience at both the MS and/or PhD level.

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**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(*family members/relatives not valid references*)?  
 I am (was) the applicant's:  
 \_\_\_\_\_ Supervisor                      \_\_\_\_\_ Subordinate                      \_\_\_\_\_ Academic Advisor  
 \_\_\_\_\_ Colleague                      \_\_\_\_\_ Classmate                      \_\_\_\_\_ Client  
 \_\_\_\_\_ 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 certification, do you feel qualified to *recommend* this applicant 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.  
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 \_\_\_\_\_
  
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Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Professional Title \_\_\_\_\_

Employer \_\_\_\_\_ Location \_\_\_\_\_

Date \_\_\_\_\_ Licensed or Certified as \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

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Certification Programs

Certified Professional Soil Scientist
sponsored by the Soil Science Society of America
www.soils.org/certifications

Reference Request

From: Applicant's Name
Applicant's Address
Applicant's phone number

To: Reference's Name
Reference's Address
Reference's Phone Number

- Check if reference is:
CPSS CPAG
Licensed Soil Scientist (State)
Soil Science Faculty

AREA OF CERTIFICATION APPLYING FOR:

- Certified Professional Soil Scientist (CPSS)
Associate Professional Soil Scientist (APSS)

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 the SSSA Offices (see below).

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Certification Programs

Certified Professional Soil Scientist
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Reference Request

From: Applicant's Name, Applicant's Address, Applicant's phone number

To: Reference's Name, Reference's Address, Reference's Phone Number

- Check if reference is:
[ ] CPSS [ ] CPAg
[ ] Licensed Soil Scientist (State)
[ ] Soil Science Faculty

AREA OF CERTIFICATION APPLYING FOR:

- [ ] Certified Professional Soil Scientist (CPSS)
[ ] Associate Professional Soil Scientist (APSS)

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\_\_\_\_\_

\_\_\_\_\_
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\_\_\_\_\_
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
- 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 \_\_\_\_\_

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