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CSSE Soil Science Examination Information

Certification as a Certified Professional Soil Scientist (CPSS) requires passing both the Fundamentals of Soil Science and Professional Practice Examinations. Complete requirements for certification for both CPSS and Associate Professional Soil Scientist (APSS) are below—the associate status is targeted for soil scientists in training after graduation who have not gained the required work experience.

<table>
<thead>
<tr>
<th>Exam to Pass</th>
<th>Education</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Professional</td>
<td>Fundamentals</td>
<td>Minimum B.S. degree in soils or related area</td>
</tr>
<tr>
<td>(APSS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified Professional</td>
<td>Fundamentals</td>
<td>Minimum B.S. degree in soils or related area (15 credit hours)</td>
</tr>
<tr>
<td>Soil Scientist (CPSS)</td>
<td>Professional Practice</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE NOTE: Applicants that have passed the Professional Practice Exam must submit certification application forms within one year of notification of passing.

Cost and Eligibility for Examinations

<table>
<thead>
<tr>
<th>Exam</th>
<th>Eligibility</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamentals</td>
<td>Junior standing</td>
<td>$125</td>
</tr>
<tr>
<td>Professional Practice</td>
<td>B.S.—5 yrs of soils or related experience</td>
<td>$125</td>
</tr>
<tr>
<td></td>
<td>M.S.—2 yrs of soils experience</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pass the Fundamentals Exam</td>
<td></td>
</tr>
</tbody>
</table>

Examinations are offered each April and November, and registration is necessary. Registration materials are available prior to each examination, and will be sent at the proper time for those who have made a request. Online registration will be available at www.soils.org/certifications/csse; email: mkrist@sciencesocieties.org; phone: (608) 268-4955.

May 2010
Soil Science Certification

Introduction

If you consider yourself a professional in soils and you teach, are a consultant, or conduct research, you should consider certification. Certification in soils is based on measuring your qualifications against standards determined by the Soil Science of America’s (SSSA) Soils Certifying Board. Anyone can call themselves a soil scientist or soil classifier. Only those that have had their credentials reviewed and approved by SSSA’s Soil Certifying Board can distinguish themselves to their clients as a Certified Professional Soil Scientist (CPSS) or Certified Professional Soil Classifier (CPSC).

Registrants are certified by a board made up of certified professionals in the certification area. These board members are nominated by the certifying board and appointed by SSSA.

Purpose

Professional standards are needed for those whose activities affect the well-being of the general public. Professional standards have been recognized in such professions as medicine, law, engineering, and accounting. Problem solving in land use, crop production, waste management, and the use of agricultural chemicals create a need for the services of professionals. Such professionals must be able to show evidence of their qualifications. A certification program that identifies professionals for educational, scientific, and service activities with public and private agencies is in the public interest.

Soil Science Society of America maintains a registry of certified professionals in soils who met these standards.

Determining Eligibility

Certification is based on scholarly preparation and work experience supported by references. Individuals certified by SSSA have met the educational and practical experience standards, subscribe to the Code of Ethics, and qualify for identification and recognition as professionals. Credentials of applicants are reviewed by the soils certifying board.

Certification is for individuals only. The designation of CPSS/SC may not be used in such a manner as to indicate that a business, firm, or agency is a certified entity. Further, the professional designation(s) may not be used in any way to connote SSSA endorsement of a business, firm, agency, consulting service, product, or program.

Benefits

The CPSS/SC Registry identifies trained professionals who are required to participate in continuing education programs in their field of specialization. Certified Professionals are frequently called on to provide information on issues pertaining to their area of expertise and public concern. For example:

• consulting for industry and commercial agriculture
• advising agencies of government
• giving legal testimony
• providing valid information to the media

Reasons for Certification

• 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 SSSA Headquarters, Member Services Dept., Attn. Certification Programs, 5585 Guildford Road, Madison, WI 53711-5801; phone (608) 268-4955.

A certification program of the Soil Science Society of America
I. Certified Professional Status

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

B. Area of Certification in Soil Science
1. Certified Professional Soil Scientist (CPSS)
2. Certified Professional Soil Classifier (CPSC)
   a. The practice of soil surveying shall mean the practice of a professional soil classifier in any service, work, or educational endeavor, the adequate performance of which requires the use and understanding of the physical, chemical, mineralogical, and biological properties that apply to pedology. Pedology is the science of soils, their origin, character, and utilization.
   b. This practice shall include proficiency in the application of the principles of pedology to soil classification, investigation, education, and consultation, on the effect of measured, observed, and inferred soil properties and their use. It shall include the preparation of soil descriptions, maps, reports, and interpretations, any of which apply to either private or public work.
   c. A person shall be construed to practice or offer to practice pedology when they advertise their proficiency and willingness to practice either verbally, in writing by job classification, or by some other title that represents a professional soil classifier. This does not include the work performed by persons who sample and test the soil only for agricultural purposes, engineering activities, or environmental interpretations.

C. Minimum Requirements for Eligibility
1. Education Requirements
   a. Possess a bachelor’s degree from a U.S. or Canadian institution with a major in the area for which application is made or a closely allied field of science, meet the minimum core requirements, and have five years of professional experience, subsequent to the bachelor’s degree, working in the area of certification requested. Experience while working toward an advanced degree does not qualify.
2. Work Experience
   a. Applicants are required to demonstrate the percentage of work experience in the certification area.
      (1) Activities such as farm management, consulting, research, extension, and teaching require a minimum of 70% of the applicant’s time working directly with area of certification for any time period to count fully as work experience.
   (2) Work experience less than 70% will be prorated.
(3) Work experience must be in the area of application. A work experience summary will be attached to any other applications submitted by the applicant.
   b. Soil classifier applicants shall have not less than five years of cumulative professional experience in the practice of soil survey and classification and a portion of these five years must be in a position that indicates to the Board that the applicant is competent to practice soil classification without direct supervision.
3. 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.
4. Core Requirements
   a. Soils applicants must meet the minimum core requirements as outlined within this document.
   b. A Soil Classifier must include 5 semester hours in soil genesis, morphology, classification, interpretation, or mapping within the 15 semester hours of soil science courses.
5. Exam Requirements
   a. Soils certifications are exam based and all applicants for Soil Scientist or Soil Classifier are required to pass the Fundamentals and Professional Practice Soil Science Examinations. An individual must pass the Fundamentals Examination before they can take the Professional Practice Examination. Examinations are offered each April and November, and registration is necessary. Registration materials are available online prior to each examination, and will be sent at the proper time for those who have made request. Online registration will be available at www.soils.org/certifications/csse; email: mkrist@sciencesocieties.org; phone: (608) 268-4955. Exam participants must provide a #2 pencil to mark their answers on the answer sheet. No exam materials are allowed in the exam site except calculators that perform simple math functions. No handheld computers of any type are allowed including but not limited to laptops, palm pilots, advanced memory function calculators, etc.
D. Application

1. Documentation
   a. Application is made by submitting the completed application forms and providing the following information.
      (1) An official transcript of all academic credits including verification of degree(s).
      (a) If you have previously provided an official transcript for other Certifications, state for which certification. Another transcript is not required.
      (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.
      (3) The names and addresses of at least five individuals familiar with your work and professional experience. References should be selected from two or more agencies or organizations (refer to E.C.3).
      (4) Completed Summary of Core Requirements form.
      (5) Completed Professional Experiences form.
      (6) Signed and dated Code of Ethics
      (7) Those certified in one area who desire to apply for an additional area of certification may do so by completing the following:
         (a) Submit completed application form, list of references, Core Requirements Form, and updated Professional Experiences form.
         (b) Submit the appropriate fee for a second area as listed on the application form.
         (c) Information pertinent to this application that is not already on file with the Certification Office should be included.
   2. Have you ever been charged, indicted or convicted of a felony, misdemeanor, or crime for which circumstances relate to being a soil scientist or soil classifier? The applicant should provide information if the reply is yes to allow the board to review the case.
   3. 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 by earning the required Continuing Education Units (CEUs) and paying the appropriate annual fee.
   b. Renewal is due annually on 31 December and is considered delinquent if not paid within 30 days after this due date. After 31 January, 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 if the fee is not paid by 1 April. After 12 months, reapplication is required.
      (1) After recertification has lapsed for 12 months, the individual must reapply following the current rules of application.
      (2) For lapsed Certified Professional Soil Scientist and Certified Professional Soil Classifier this includes
         (a) Taking and passing the Council of Soil Science Examiners’ Fundamentals of Soil Science Examination and Council of Soil Science Examiners’ Professional Practice of Soil Science Examination.
         (b) Meeting the education requirements.
         (c) Submitting appropriate references.
         (d) Meeting experience requirements.
   c. Continual training and education is required of all Certified Professionals to keep abreast of rapidly changing conditions, techniques, and requirements in their field. Therefore, to ensure the validity and integrity of certification, Certified Professionals must submit evidence of continuing education to maintain their Certified Professional (CP) status. During each 2-year period of certification, a minimum of 40 CEUs must be accumulated. 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 or 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 Soil 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 SSSA.
      (3) Misrepresentation on an application, willful submission of incorrect information, or failure to include relevant information in any communication to the Member Services Dept.
      (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 for reapplication. (The reapplication procedure described in section I.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. The Associate Professional does not participate in the recertification program until the Certified Professional status is acquired.

B. Area of Certification

1. Associate Professional Soil Scientist (APSS)
2. Associate Professional Soil Classifier (APSC)
   a. See definition under I.B.3.a,b,c

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–b).
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.
3. The Associate Professional applicant must take and pass the Fundamentals of Soil Science Examination.

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, that 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 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.
2. For lapsed Associate Professional Soil Scientist and Associate Professional Soil Classifier, this includes
   b. Submitting appropriate references.
   c. Meeting the educational requirements.

F. Associate Time-Limit Requirement

1. Degree Requirement
   a. The length of time a person may hold the Associate Professional status before applying for 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 individual holding a master’s or doctorate degree is limited to four years as an Associate Professional and is eligible to apply for full certification after three years of professional practice.

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

G. Transition to Certified Professional Status

1. Application
   a. Transition from the Associate Professional status to 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:
      (1) Submit a completed application form (p. 7–8).
      (2) Submit 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.
      (3) The names and addresses of at least five individuals familiar with your work and professional experience. References should be selected from two or more agencies or organizations (refer to I.C.3). These references, where possible, should include those who have been previously identified as familiar with the Associate Professional’s professional work experience.
      (4) Completed Professional Experiences form.
      (5) 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.
      (6) Must take and pass the Professional Practice Examination.
      (7) Have you ever been charged, indicted or convicted of a felony, misdemeanor, or crime for which circumstances relate to being a soil scientist or soil classifier? The applicant should provide information if the reply is yes to allow the board to review the case.

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 Soils Certifying Board as stated for Certified Professional status (see I.F).
Application for Professional Certification

1. APPLICANT’S NAME AND ADDRESS
Please print or type:

❑ Dr.  ❑ Mr.  ❑ Ms.  ❑ Mrs.  ❑ Miss

Certification No. ______________________

Last Name ____________________________________________

First Name ____________________________________________ Middle Name ______________________________

Address ____________________________________________

Address ____________________________________________ County (U.S. only) __________________________

City ____________________________ State __________ Zip—U.S. & Canada ____________ 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 (Each Certification requires a separate application.)

❑ Currently certified as ____________________________ and applying for:

   Area of Certification

- Certified Professional (CP)  ❑ Soil Scientist, CPSS
- Associate Professional (AP)  ❑ Soil Classifier, CPSC
- Agronomist, CPAg  ❑ Soil Scientist, APSS
- Agronomist, APAg  ❑ 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, 3.
      2. For Associate Professional Applications refer to II, D, 1, (3).
   d. Completed Core Summary Form.
   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: SOIL SCIENCE SOCIETY OF AMERICA
   (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. __________

Acid-Sulfate Soils—S2
Agricultural Administration—P3
Agricultural Climatology—E1
Agricultural Development—F2
Agro-forestry—X0
Agronomic Education—P1
Agronomic Management—F1
Agronomy (general)—AI
Best Management Practices—F4
Biometrics—A3
Biotechnology—CI
Cell Biology—C2
Computer Assisted Design—B5
Computer Modeling—B4
Computer Uses—BI
Conservation Education—P2
Conservation Planning, Food Security Act 1985—F5
Comprehensive Nutrient Management—N4
Conservation Tillage—D6
Crop Breeding—Jl
Crop Chemistry—K5
Crop Cyto genetics—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—J6
Irrigation—R1
Irrigation and Drainage—R2
Labor Management—F7
Land Classification—V8
Land Management—DI
Land Resource Analysis—V6
Land Resource Development—V7
Land Use—D2
Land Use Planning—D5
Molecular Cyto genetics—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 Cyto genetics—J6
Plant Cytology—J4
Plant Genetics—J8
Plant Metabolism—K2
Plant Nutrition—U1
Plant Pathology—J5
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—R3
Seed Production—M1
Seed Technology—M3
Small Fruit Culture—J9
Soil Biochemistry—T1
Soil Chemistry—S1
Soil Erosion Sediment Control—W5
Soil Fertility—U2
Soil Genesis—VI
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
Water 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:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

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

**SOIL SCIENCE CERTIFICATION**

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Areas of Certification Desired</th>
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<tbody>
<tr>
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5585 Guilford Road  
Madison, WI 53711-5801  
(608) 268-4955

<table>
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<tr>
<th>Degree</th>
<th>University</th>
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<table>
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#### I. Professional Core

<table>
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<tr>
<th>Course</th>
<th>Dept.</th>
<th>Title</th>
<th>Hours credit</th>
<th>Office</th>
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<tbody>
<tr>
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<td></td>
<td>Sem.</td>
<td>Qtr.</td>
</tr>
</tbody>
</table>

- **Plant and Soil Biology**
  - (6 Sem. — 9 Qtr.)
  - (agronomy, horticulture, forestry, crop protection, plant ecology, biology, microbiology, plant physiology)

- **Soil Classification**
  - (5 Sem. — 8 Qtr.)
  - (for Soil Classifier)

- **Soil Science**
  - Soil Scientist
    - (15 Sem. — 23 Qtr.)
  - Soil Classifier
    - (10 Sem. — 15 Qtr.)

- **Additional—Professional Core Courses**
  - (3 Sem. — 5 Qtr.)

<table>
<thead>
<tr>
<th>Total</th>
<th></th>
</tr>
</thead>
</table>

**Total Prof. Core Required**

- (24 Sem. — 37 Qtr.)

---

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</th>
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</tr>
</thead>
<tbody>
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<td>Sem.</td>
<td>Qtr.</td>
<td>Grade</td>
</tr>
</tbody>
</table>

Chemistry  
(including 1 course in organic or biochemistry)  
(12 Sem. — 18 Qtr.)

<table>
<thead>
<tr>
<th>Course no.</th>
<th>Dept.</th>
<th>Title</th>
<th>Hours credit</th>
<th>Office</th>
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</thead>
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<td>Sem.</td>
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<td>Grade</td>
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</table>

**Total**

Physics  
(3 Sem. — 5 Qtr.)

<table>
<thead>
<tr>
<th>Course no.</th>
<th>Dept.</th>
<th>Title</th>
<th>Hours credit</th>
<th>Office</th>
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<td>Sem.</td>
<td>Qtr.</td>
<td>Grade</td>
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</table>

**Total**

Mathematics  
(9 Sem. — 14 Qtr.)

<table>
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<tr>
<th>Course no.</th>
<th>Dept.</th>
<th>Title</th>
<th>Hours credit</th>
<th>Office</th>
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<td>Sem.</td>
<td>Qtr.</td>
<td>Grade</td>
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</tbody>
</table>

**Total**

Statistics  
(3 Sem. — 5 Qtr.)

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<tr>
<th>Course no.</th>
<th>Dept.</th>
<th>Title</th>
<th>Hours credit</th>
<th>Office</th>
<th>use</th>
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<td>Sem.</td>
<td>Qtr.</td>
<td>Grade</td>
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</tbody>
</table>

**Total**

Communications  
(include speech and technical writing)  
(6 Sem. — 9 Qtr.)

<table>
<thead>
<tr>
<th>Course no.</th>
<th>Dept.</th>
<th>Title</th>
<th>Hours credit</th>
<th>Office</th>
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<td>Sem.</td>
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<td>Grade</td>
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</table>

**Total**

Economics  
(3 Sem. — 5 Qtr.)

<table>
<thead>
<tr>
<th>Course no.</th>
<th>Dept.</th>
<th>Title</th>
<th>Hours credit</th>
<th>Office</th>
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<td>Sem.</td>
<td>Qtr.</td>
<td>Grade</td>
</tr>
</tbody>
</table>

**Total**

Engineering  
(3 Sem. — 5 Qtr.)

<table>
<thead>
<tr>
<th>Course no.</th>
<th>Dept.</th>
<th>Title</th>
<th>Hours credit</th>
<th>Office</th>
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<td></td>
<td></td>
<td>Sem.</td>
<td>Qtr.</td>
<td>Grade</td>
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</tbody>
</table>

**Total**

Geology  
(3 Sem. — 5 Qtr.)

<table>
<thead>
<tr>
<th>Course no.</th>
<th>Dept.</th>
<th>Title</th>
<th>Hours credit</th>
<th>Office</th>
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<tbody>
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<td>Sem.</td>
<td>Qtr.</td>
<td>Grade</td>
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</tbody>
</table>

**Total**

Additional—Supporting Core Courses  
(3 Sem. — 5 Qtr.)

<table>
<thead>
<tr>
<th>Course no.</th>
<th>Dept.</th>
<th>Title</th>
<th>Hours credit</th>
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<td>Sem.</td>
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<td>Grade</td>
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</tbody>
</table>

**Total**

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12
EXAMPLE

Professional 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.*

EXAMPLE

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>9/88–9/90</td>
<td>BS</td>
<td>Davis Engineering</td>
<td>Soil Scientist</td>
<td>100</td>
<td>Delineate hydric soils on</td>
<td>50</td>
<td>Polly Pedon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Culpeper, VA</td>
<td></td>
<td></td>
<td>potential highway right of</td>
<td></td>
<td>John Mudd</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ways</td>
<td>5</td>
<td>David Auger</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Describe soils on</td>
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<td>William Profile</td>
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<td>Soil characterization for</td>
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<td>Steve Pitts</td>
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<td>and permits for construction</td>
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Months of experience this page 100
Professional Experience Form
SOIL SCIENCE CERTIFICATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Degree: BS</th>
<th>MS</th>
<th>PhD</th>
</tr>
</thead>
</table>

Are you applying for other Certification?  ☐ 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>
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</table>

Months of experience this page  __________
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>
</table>

Months of experience this page _______________

Total months of experience including all pages _______________

Area of Certification
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 ____________________________________________________________
Signature ____________________________________________ Professional Title _____________
Employer ___________________________________________ Location _______________________
Date ______________ Licensed or Certified as ___________________ Telephone ___________________
Email ________________________________________________________________

18
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:
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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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
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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 ________________________________________________________________________________________________
Signature ________________________________ Professional Title ________________________________
Employer ________________________________ Location ________________________________
Date __________________ Licensed or Certified as ________________________________ Telephone __________________
Email ________________________________________________________________________________________________
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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   _____ 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

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   If “yes”, please proceed and complete the reference.
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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.
   ____________________________________________________________________________
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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 ________________________________________________
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

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 _______________________________________________________________________________________
Signature ______________________________________ Professional Title _________________________________
Employer ______________________________________ Location _________________________________________
Date __________________ Licensed or Certified as ____________________________ Telephone _________________
Email _______________________________________________________________________________________

24
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
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   month/year  month/year

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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 ___________________________ Professional Title __________________________

Employer ___________________________________________ Location _________________

Date ______________ Licensed or Certified as __________________________ Telephone _________________

Email _____________________________________________________________________
Article I. Preamble

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 II. Relation of Professional to the Public

1. A Registrant shall protect, to the fullest extent possible, the interest of his/her employer or client so that such interest is consistent with the law and professional obligations and ethics.
2. 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.
3. A Registrant shall not disclose the information used to gain certification. Registrants who knowingly misrepresent their credentials will face disciplinary action.

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 shall not 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 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, 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 not disclose the information used to gain certification. Registrants who knowingly misrepresent their credentials will face disciplinary action.
8. A Registrant shall endeavor to cooperate with others in the profession and encourage the ethical dissemination of technical knowledge.
9. A Registrant protects his/her credibility by disclosing to clients how he/she will be compensated for providing recommendations to the client.

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 ____________________________

Signature ____________________________ Date ____________

Approved by
ARCPACS/ASA
11/92