Certified Professional Agronomist

APPLICATION & CREDENTIAL INFORMATION

a program of the American Society of Agronomy



CERTIFIED PROFESSIONAL AGRONOMIST

5585 Guilford Road • Madison, WI 53711-5801 • (608) 273-8085 • Fax (608) 273-2081 www.certifiedcropadviser.org/cpag

A certification program of the American Society of Agronomy

Table of Contents

Agronomist Certification	Ĵ
Agronomist Certification Procedures and Standards	4
Code of Ethics	
Application Form	7
Summary of Core Requirements Form	9
Professional Experience Example	11
Professional Experience Forms	13
Reference Letters	1.5

Certification Contacts

For further information go to: www.certifiedcropadviser.org/CPAg

If you have any questions about the CPAg certification, call 866-359-9161 and select the representative for your state/region/province.

Agronomist Certification _

Introduction

About Certification

Certification as a Certified Professional Agronomist (CPAg) is based on being a CCA in good standing, a minimum of a B.S. degree in Agronomy, five years of experience (post degree) and five references. All applicants are reviewed by the Local Certifying Board which is appointed by the President of ASA.

Determining Eligibility

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

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

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

Why Certification

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

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

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

Reasons for Certification

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

Certified Professional Agronomist (CPAg)

Certification Procedures and Standards ____

I. Certified Professional Status

A. General

- 1. Information
 - Certification and inclusion in the Directory is limited to individuals who are deemed qualified professionals in agronomy.
 - b. Certificants must subscribe to the Code of Ethics.
- 2. Certificate
 - A certificate is provided to each Certified Professional Agronomist.
- 3. Renewal
 - Certification is renewed annually in accordance with recertification regulations (see D.2).

B. Minimum Requirements for Eligibility

- Be a CCA in good standing and hold a minimum of a BS degree.
- 2. Education Requirements
 - a. Possess a bachelor's degree from an accredited U.S., India or Canadian institution with a major in agronomy or a closely allied field of science, and meet the minimum core requirements.

3. Work Experience

a. The following chart indicates the required yers of experience in agronomy needed for the CPAg certification.

Education Level	Minimum required years of work experience
Bachelor's Degree	5 years
Master's Degree	4 years
PhD	3 years

- Experience while working toward an advanced (Masters or Doctoral) degree does not qualify for professional experience.
- Applicants are required to demonstrate the percentage of work experience in agronomy.
 - Activities such as farm management, consulting, research, extension, and teaching must make up a minimum of 70% of the applicant's time working in agronomy to count fully as work experience.
 - (2) Work experience less than 70% will be prorated.
 - (3) Work experience must be in agronomy.

4. References

- a. 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.
 - At least one individual must be associated with your employment; an immediate supervisor, client, or coworker.
 - (2) CCA references must be less than 2 years old to be used as references for the CPAg application.

C. Application

1. Documentation

- Application is made by submitting the completed forms which are reviewed by the local Certifying Board.
 - Completed and Signed Application for Professional Certification – CPAg.
 - An official transcript of all academic credits including verification of degree(s).
 - a. If the applicant did not have a BS degree when applying for CCA certification, the official transcript must be provided.
 - b. If the applicant did have a minimum of a BS degree when applying for CCA certification, the official transcript does not need to be provided again.
 - c. If the applicant has earned an advanced degree(s) since applying for CCA certification and will be using the degree(s) in lieu of years of experience (see B.3.1), the official transcript for the advanced degree(s) must be provided.
 - (3) Completed Summary of Core Requirements form.
 - (4) Completed Professional Experience form.
 - a. If the applicant **did have** a BS degree when submitting the CCA application:
 - If the experience form submitted for the CCA certification is less than 2 years old and indicates 5 or more years of experience then a new experience form is not needed.
 - ii. If the experience form is greater than 2 years old and/or indicates less than 5 years of experience then a new experience form must be provided.
 - b. If the applicant **did not** have a BS degree when submitting the CCA application:
 - If the experience form is less than 2 years old and indicates 5 or more years of experience then a new experience form is not needed
 - ii. If the experience form is greater than 2 years old and/or indicates less than 5 years of experience then they must provide a new experience form
 - (5) 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
 - (6) Answer the following question: Have you ever been charged, indicted or convicted of a felony, misdemeanor, or crime for which circumstances relate to being an agronomist? The applicant should provide information if the reply is yes to allow the board to review the case.

(7) References

- a. If references for the CCA certification are less than 2 years old, 3 additional references must be provided.
- b. If references for the CCA certification are 2 years old or older, 5 new references must be provided.

(8) Fees

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

D. Renewal

- 1. Annual Renewal
 - a. Certification may be renewed annually by payment of the appropriate fee.
 - b. Renewal is due annually on 1 January and is considered delinquent if not paid within 30 days after this due date. After 1 February, certification will be reinstated with payment of the annual fee plus a late fee and all CEU records updated. The registrant's name will be dropped from the active Directory if the fee is not paid. After 24 months, reapplication is required.
 - Continual training and education is required of all Certified Professionals. Details of the recertification program are provided at the time one becomes certified.

E. Denial, Revocation, or Suspension of Certification

- 1. Rights and Responsibilities
 - a. The right to deny, revoke, or suspend certification is vested in the local certifying board.
 - b. Since the certification program is entirely voluntary, ASA assumes no responsibility for any loss or disadvantage, real or imagined, which may be alleged to have resulted from denial of certification or revocation or suspension of an existing certification.
- Reasons for Denial, Revocation, or Suspension of Certification.
 - a. Certification may be denied, revoked, or suspended for any of the following reasons:
 - If the certifying board determines that the applicant does not meet the minimum requirements as stated.
 - (2) Violation of rules, regulations, or the Code of Ethics established by ASA.
 - (3) Misrepresentation on an application, willful submission of incorrect information, or failure to include relevant information in any communication to the Certification Department.
 - (4) Substantial proven charges of incompetence in the area of certification.

3. Appeal

- a. Any applicant denied certification has the right of appeal.
- Any action to revoke or suspend certification shall be preceded by a copy of the complaint to the individual.
 - 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. 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



All individuals certified under the ICCA program must subscribe to the ICCA Code of Ethics. The ICCA Standards & Ethics Committee periodically reviews the current Code of Ethics.

Article 1. Preamble

- The privilege of professional practice imposes obligations of responsibility as well as professional knowledge. The ICCA program certifies the credentials of individuals through state/ provincial certification boards.
- 2. The ICCA program will award the title of Certified to individuals who meet the experience, testing requirements and the continuing education requirements of the International Certified Crop Adviser (ICCA) program. The ICCA program does not require college level education. A college education will substitute for part of the ICCA work experience requirement as provided for in the ICCA guidelines.
- 3. Certified Crop Advisers (hereafter called Registrants), at the request of a client or employer, must disclose the information used to gain certification. Registrants who knowingly misrepresent their credentials will face disciplinary action.

Article II. Relation of Professional to the Public

- An Applicant shall avoid and discourage sensational, exaggerated, or unwarranted statements that might induce participation in unsound enterprises.
- 2. An Applicant 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 it is based should be clear.
- 3. An Applicant shall not issue a false statement or false information even if directed to do so by employer or client.

Article III. Relation of professional to Employer and Client

- An Applicant shall protect, to the fullest extent possible, the interest of the employer or client insofar as such interest is consistent with the law and professional obligations and ethics.
- An Applicant who finds that obligations to the employer or client conflict with their professional obligation or ethics should work to have such objectionable conditions corrected.
- An Applicant shall not use, directly or indirectly, employer or client's information in any way that would violate their confidentiality.

- 4. An Applicant shall not divulge information given in confidence.
- An Applicant 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.
- 6. An Applicant 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.
- An Applicant shall engage, or advise employer or client to engage and cooperate with other experts and specialists.
- An Applicant protects the interest of a client by recommending only products and services that are in the best interest of the client and public.
- An Applicant 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. An Applicant shall not falsely or maliciously attempt to injure the reputation of another.
- An Applicant 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.
- An Applicant shall not use the advantage of public employment (e.g. university, government) to compete unfairly with other certified professions.
- An Applicant shall endeavor to cooperate with others in the profession and encourage the ethical dissemination of technical knowledge.

Article V. Duty to the Profession

- An Applicant 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.
- An Applicant shall uphold this Code of Ethics by precept and example and encourage, by counsel and advice, other Registrants to do the same.
- An Applicant having positive knowledge of deviation from this Code by another Registrant shall bring such deviation to the attention of the Registrant's local Board.

Approved by International CCA Board of Directors 07/97

I, the undersigned, agree to adhere to the above Code of Ethics.	
Print name	
Signature	Date



Application for Professional Certification—CPAg

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

 APPLICANT'S NAME AND ADDRES Please print or type: 	S		
□ Dr. □ Mr. □ Ms.			Office Use Only Certification No.
Last Name /Surname			-
First Name/Given	Mido	dle Name	
Address			
Address		County (U.S. c	only)
City	State/Province	Zip—U.S. & Canada	_ Country
Office Phone	Home Phone	FAX _	
Cell Phone	Email		
Have you ever been charged, indicated or cor □ Yes □ No If yes, attach an explan	•	or,or crime for which circumstances relate	e to being an agronomist?
2. PERSONAL DATA (Completion of this seregarding specific individual members will regarding specific individual members will reserve the control of the cont	not be released.) city der attion, degree(s), major, and cial transcript of all academic s) are required. List all professional positions nip and offices held in profesefer to I, C, 4.	4. FEES: Application \$100.00 FEE ENCLOSED \$ (Fee is non-refundable) MAKE CHECK PAYABLE TO: American Society of Agronomy (Payment must be in U.S. funds) The following credit cards are account of the second of t	epted: a

Middle Name

7. PROFESSIONAL EXPERTISE:

Please circle top 4 areas one or more categories in which you can substantiate that you are technically and professionally qualified to practice.

Agricultural Regulation, **Business and Technology (ARBT)** Crop Marketing Crop Utilization Chemical/Fertilizer Labeling Regulatory Administration/ Enforcement Regulatory Compliance Pollution Control Conservation Planning/Food Security Act Computer Assisted Design Computer Modeling Computer Uses Digitized Mapping Information Systems Statistical Analysis Product R & D Precision Ag Unmanned/Autonomous Equipment Agricultural Administration Agricultural Development Agricultural Economics Dairy Economics

Integrated Pest Management (IPM)

☐ Yes

□ No

Hazardous Waste Management

Best Management Practices

Agricultural Chemicals
Application Methods
Environmental Protection
Environmental Regulation
Plant Pathology
Biocontrol
Fungal Pests
Entomology
Nematology
Pesticide Use
Organic Pest Control
Wildlife Management
Plant Metabolism
Weed Management

Crop Insurance

Ethics

Labor Management

Livestock Economics

Resistance Management Invasive Species/Noxious Weeds Weed Identification

Nutrient Management (NM) Comprehensive Nutrient

Comprehensive Nutrient
Management
4R NMP (Nutrient Management)
Conservation Education
Farmland Preservation
Fertilizer Technology (Variable Rate)
Fertilizer Blending/Formulation
Fertilizer Application
Manure Management
Plant Nutrition
Micro-Nutrients
Resource Conservation
Nitrogen-CA Certified
Soil Sampling

Crop Management (Science, Production, and Specializations (CMSPS)

Plant Analysis

Crop Breeding
Seed Technology
Crop Ecology
Crop Genetics
Crop Physiology
Crop Quality
Biotechnology
Crop Forensics
Crop Production
Seed Production
Crop Enterprise Budgeting
Organic
Post-Harvest Physiology
Forages
Cannery (Processing) Crops

Pulses Corn Cotton Hops Grazing Rice Small Grains Soybean Tobacco Tree Fruit Tree Nuts Vegetable Wheat Small Fruit Culture Tropical Crops Viticulture

Turfgrass Management
Farm Management
Impact Assessment
Land Classification
Land Management
Land Resource Analysis
Land Resource Development
Land Use Planning
Range Management
Range Soil Science
Reclamation
Wetlands Identification
Waste, Land Treatment/
Application

Soil Management (SM)

Soil Morphology/Classification Soil and Waste Management Soil and Water Conservation Soil and Water Management Soil Erosion Sediment Control Soil Management Soil Fertility Conservation Tillage Streambank Stabilization Surface Mine Reclamation Waste Disposal, On-Site Soil Biochemistry Soil Chemistry Soil Genesis Soil Interpretations Soil Microbiology Soil Mineralogy Soil Physics

Soil Sampling & Analysis

Soil Survey
Soil-Plant Correlation
Soil-Water-Plant Relation
Pedology
Acid-Sulfate Soils
Forest Soils
Hydric Soils
Saline Alkali Soils
Saline Soils
Sodic Soils

Water Management (WM) Ground Water Quality Irrigation Scheduling Irrigation and Drainage Water Diversion and Control Surface Water Quality

Horticulture (Gardens, Nurseries, and Turfgrass) (HGNT)

Floriculture
Garden Center Management
Greenhouse Production
Horticulture

International Horticulture Nursery Management Ornamental Horticulture

Pomology
Plant Breeding
Plant Ecology
Plant Health
Plant Propagation
Sod Production
Golf Course Management

Specialty Agronomy/Ag Education (SAAE) Agricultural Climatology Agro-Forestry Agronomic Education International Agronomy Tropical Agriculture

8. PLEASE LIST NAME AND ADDRESS OF PRESENT EMPLOYER:	10. SIGNATURE	
	 plication is correct and tr all information regarding 	formation submitted in support of this ap- ue to the best of my knowledge and that this application will remain confidential anted, I will read and agree to follow the
9. DIRECTORY OF CONSULTANTS		
A directory of certified individuals is located on the web at: www.certifiedcropadviser.org		
Would you like to be included?		



Summary of Core Requirements

AGRONOMIST CERTIFICATION

FOR OFFICE USE No.____

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

Last Name/Surname				_				
First Name/Given				_				
Degree		University						
Major		Minor						
I. Professional Core	Course no.	Dept.	Title	Hours Sem.	credit Qtr.	Grade	Univ.	Office use
Crop Management (production-oriented courses —field crop production, plant/ crop physiology, crop science, and horticulture)								
(6–9 Sem. — 9–13 Qtr.)			Total					
Pest Mgt./Plant Protect. (weed science, plant pathology, entomology, nematology, IPM, or aquatic courses)			Total					
(6–9 Sem. — 9–13 Qtr.)								
			Total					
Soil Science								
(6–9 Sem. — 9–13 Qtr.)								
Additional—			Total					
Professional Core Courses								
(6–9 Sem. — 9–13 Qtr.)								
			Total					
Total Prof. Core Required		<u> </u>						
(30 Sem. — 45 Qtr.)			Total					

	Course			Hours	credit			Office
II. Supporting Core	no.	Dept.	Title	Sem.	Qtr.	Grade	Univ.	use
Biology								
(botany, microbiology, plant physiology)								
(10 Sem. — 15 Qtr.)								
			Total					
<u> </u>			Total					
Chemistry (including 1 course in organic or biochemistry								
(10 Sem. — 15 Qtr.)								
			Total					
Computer Applications								
(3 Sem. — 4 Qtr.)								
(5 55 1 56)			Total					
Dhysics Caslassy ar			i Otai					
Physics, Geology, or Climatology								
(3 Sem. — 5 Qtr.)								
			Total					
Mathematics (3 Sem. — 5 Qtr.)								
(0 001111 0 0011)								
			Total					
Statistics								
(3 Sem. — 5 Qtr.)								
(5 Seni. — 5 Qii.)			T.1.1					
			Total					
Communications (include speech and								
technical writing)								
(6 Sem. — 9 Qtr.)								
			Total					
Economics								
(6 Sem. — 9 Qtr.)								
(o oem. — a Qu.)			T					
			Total					
Additional— Supporting Core Courses								
(7 Sem. — 11 Qtr.)								
			Total					

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

EXAMPLE



Professional Experience Form AGRONOMIST CERTIFICATION

INSTRUCTIONS

- List full-time positions in sequential order, ending with current position.
 List only professional-level positions in the area of agronomy beyond the baccalaureate degree. Work experience while obtaining an advanced degree (masters or doctoral) should not be included.

 - List beginning and ending month and year for all positions.
 If you have worked two positions concurrently, indicate under the percent time category the yearly percentage time you worked in each position.
- Show the percent time on an annual basis for each work activity (should total 100%).
 Under reference, list the reference(s) most familiar with each work experience.
 Duties and responsibilities should be specific and detailed.
 Be sure to total months of experience. Remember work experience gained while seeking
- a degree does not count toward the CPAg work experience requirement.

Employment Information

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

Months of experience this page

11



Professional Experience Form AGRONOMIST CERTIFICATION

of Degree: BS MS PhD	
Date	First Name/Given
	Last Name/Surname

Employment Information—Please see example page for instructions.

Reference	
% Time/ Activity	
sibilities	
l Respons	
Duties and Responsibilities	
% Time	
Professional Title	
Employer Name, Location	
Degree Level	
Length D	

Reference Total months of experience including all pages % Time/ Activity **Duties and Responsibilities** 7 Time First Name/Given_ Professional Title Employment Information—Please see example page for instructions. Employer Name, Location Months of experience this page Degree Level Last Name/Surname_ Length From To



From:	Applicant's Name	To:	rence's Name	
	Applicant's Address	Refer	rence's Address	
	Applicant's phone number			

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 CCA/CPAg, 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 CCA/CPAg, 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 code of ethics.

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 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/or at the PhD level.

Please sign and return this form to:

1.	In what capacity have y Supervisor		with the applicant? I am Subordinate	(was) the applicant's:	:	
	Supervisor Colleague Academic Advis	_	Client Other as:			
	Academic Advis	or	Other as:			
2.	What length of time have	ve you known the ap	pplicant in the above cap	acity?	years	
3.	For what period of time	are you familiar w	ith the applicant's profes	sional work experience	ce?	
	Frommonth/year	to				
	month/year	month/ye	ear			
4.	Knowing the minimum certified in the area of c	requirements for CC ertification as state	CA/CPAg certification, od on the reverse side?	lo you feel qualified toYes	recommend this apNo	plicant to become
	If "yes", please proceed If "no", please give a bi		reference. below of your reason(s)	sign and return this le	etter immediately.	
5.	What particular strength	ns do you feel the ap	pplicant has that may be	important in the evalu	uation of a profession	onal?
6.	Do you feel that the app If no, how could the app	olicant is <i>fully</i> qualificant overcome ar	fied at this time for the c ny weaknesses or deficie	ertification listed? ncies?	Yes	No
7.		nd knowledge in the	ional growth and develo e area of application. Als			
8.	Do you recommend this	s applicant to be cer	tified in the area of certi	fication as stated on the	ne reverse side?	Yes No
	J					
Prin	nt Name		ur response will remain	confidential.		
	nature			Professional Title		
	ployer					
	e I					
	ail					



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

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 CCA/CPAg, 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 CCA/CPAg, 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 code of ethics.

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 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/or at the PhD level.

Please sign and return this form to:

1.			plicant? I am (was) the applican	ıt's:	
	Supervisor Colleague Academic Advisor	Client	as:		
	Academic Advisor	Other a	as:		
2.	What length of time have	you known the applicant in t	the above capacity?	years	
3.	For what period of time a	re you familiar with the appli	icant's professional work exper	ience?	
	From	to month/year			
	month/year	month/year			
4.	Knowing the minimum re certified in the area of cer	quirements for CCA/CPAg crification as stated on the rev	certification, do you feel qualifie verse side? Yes	d to <i>recommend</i> this application No	ant to become
	If "yes", please proceed a If "no", please give a brie	and complete the reference. If statement in #7 below of you	our reason(s); sign and return th	is letter immediately.	
5.	What particular strengths	do you feel the applicant has	s that may be important in the e	valuation of a professional	?
6.	Do you feel that the appli	cant is <i>fully</i> qualified at this to icant overcome any weakness	time for the certification listed? ses or deficiencies?	Yes	_ No
7.		I knowledge in the area of app	h and development, ability to a plication. Also, please make an		
8.	Do you recommend this a	pplicant to be certified in the	e area of certification as stated o	on the reverse side?	Yes No
		Vour rasnonsa	e will remain confidential.		
Pri	nt Name	Tour response			
			Professional Title _		
Em	ployer		Location		
Dat	te Lio	censed or Certified as	Teleph	none	
Em	nail				



m:	To:
Applicant's Name	Reference's Name
Applicant's Address	Reference's Address
	
Applicant's phone number	

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 CCA/CPAg, 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 CCA/CPAg, 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 code of ethics.

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 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/or at the PhD level.

Please sign and return this form to:

1.	~ .	e you had association v	Subordinate		's:	
	Supervisor Colleague Academic Ad	. —	Client Other as:			
	Academic Ad	VISOr.	Other as:			
2.	What length of time	have you known the ap	plicant in the above c	apacity?	years	
3.	For what period of the	me are you familiar wi	th the applicant's prof	fessional work experie	ence?	
	From	to month/ye				
	month/year	month/ye	ar			
4.	Knowing the minimucertified in the area	um requirements for CC of certification as stated	A/CPAg certification on the reverse side?	n, do you feel qualified Yes	to <i>recommend</i> this app	plicant to become
		eed and complete the real brief statement in #7 b		s); sign and return this	s letter immediately.	
5.	What particular stren	ngths do you feel the ap	plicant has that may l	be important in the eva	aluation of a profession	onal?
6.	Do you feel that the	applicant is <i>fully</i> qualif	fied at this time for the	e certification listed?	Yes	No
	If no, how could the	applicant overcome an	y weaknesses or defic	ciencies?		
7.	ness, professionalism	the applicant's <i>profession</i> , and <i>knowledge in the</i> tion of this applicant.	onal growth and deve area of application. A	lopment, ability to and Also, please make any	alyze and solve proble additional comments	ems, resourceful- which will aid ir
8.	Do you recommend	this applicant to be cert			the reverse side?	Yes No
Pri	nt Name	You	r response will rema	in confidential.		
Sig	nature			_ Professional Title		
Em	ployer		Locatio	on		
Dat	te	_ Licensed or Certified	l as	Telepho	one	
Em	nail					



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

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 CCA/CPAg, 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 CCA/CPAg, 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 code of ethics.

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 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/or at the PhD level.

Please sign and return this form to:

1.			plicant? I am (was) the applican	ıt's:	
	Supervisor Colleague Academic Advisor	Client	as:		
	Academic Advisor	Other a	as:		
2.	What length of time have	you known the applicant in t	the above capacity?	years	
3.	For what period of time a	re you familiar with the appli	icant's professional work exper	ience?	
	From	to month/year			
	month/year	month/year			
4.	Knowing the minimum re certified in the area of cer	quirements for CCA/CPAg crification as stated on the rev	certification, do you feel qualifie verse side? Yes	d to <i>recommend</i> this application No	ant to become
	If "yes", please proceed a If "no", please give a brie	and complete the reference. If statement in #7 below of you	our reason(s); sign and return th	is letter immediately.	
5.	What particular strengths	do you feel the applicant has	s that may be important in the e	valuation of a professional	?
6.	Do you feel that the appli	cant is <i>fully</i> qualified at this to icant overcome any weakness	time for the certification listed? ses or deficiencies?	Yes	_ No
7.		I knowledge in the area of app	h and development, ability to a plication. Also, please make an		
8.	Do you recommend this a	pplicant to be certified in the	e area of certification as stated o	on the reverse side?	Yes No
		Vour rasnonsa	e will remain confidential.		
Pri	nt Name	Tour response			
			Professional Title _		
Em	ployer		Location		
Dat	te Lio	censed or Certified as	Teleph	none	
Em	nail				



Om:Applicant's Name	To: Reference's Name
Applicant's Address	Reference's Address
Applicant's phone number	

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 CCA/CPAg, 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 CCA/CPAg, 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 code of ethics.

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 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/or at the PhD level.

Please sign and return this form to:

1.			plicant? I am (was) the applican	ıt's:	
	Supervisor Colleague Academic Advisor	Client	as:		
	Academic Advisor	Other a	as:		
2.	What length of time have	you known the applicant in t	the above capacity?	years	
3.	For what period of time a	re you familiar with the appli	icant's professional work exper	ience?	
	From	to month/year			
	month/year	month/year			
4.	Knowing the minimum re certified in the area of cer	quirements for CCA/CPAg crification as stated on the rev	certification, do you feel qualifie verse side? Yes	d to <i>recommend</i> this application No	ant to become
	If "yes", please proceed a If "no", please give a brie	and complete the reference. If statement in #7 below of you	our reason(s); sign and return th	is letter immediately.	
5.	What particular strengths	do you feel the applicant has	s that may be important in the e	valuation of a professional	?
6.	Do you feel that the appli	cant is <i>fully</i> qualified at this to icant overcome any weakness	time for the certification listed? ses or deficiencies?	Yes	_ No
7.		I knowledge in the area of app	h and development, ability to a plication. Also, please make an		
8.	Do you recommend this a	pplicant to be certified in the	e area of certification as stated o	on the reverse side?	Yes No
		Vour rasnonsa	e will remain confidential.		
Pri	nt Name	Tour response			
			Professional Title _		
Em	ployer		Location		
Dat	te Lio	censed or Certified as	Teleph	none	
Em	nail				