Certified Professional Agronomist

APPLICATION & CREDENTIAL INFORMATION

a program of the American Society of Agronomy

A certification program of the American Society of Agronomy

2022
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Certification Contacts

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

If you have any questions about the CPAg certification, call
608-273-8085 and select the representative for your
state/region/province.
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
I. Certified Professional Status

A. General

1. Information
   a. 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. A certificate is provided to each Certified Professional Agronomist.

3. Renewal
   a. Certification is renewed annually in accordance with recertification regulations (see D.2).

B. Minimum Requirements for Eligibility

1. 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 years of experience in agronomy needed for the CPAg certification.

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Minimum required years of work experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s Degree</td>
<td>5 years</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>4 years</td>
</tr>
<tr>
<td>PhD</td>
<td>3 years</td>
</tr>
</tbody>
</table>

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

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.
      (1) 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
   a. Application is made by submitting the completed forms which are reviewed by the local Certifying Board.
      (1) Completed and Signed Application for Professional Certification – CPAg.
      (2) 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:
            i. 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:
            i. 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.
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.
   c. 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.
2. Reasons for Denial, Revocation, or Suspension of Certification
   a. Certification may be denied, revoked, or suspended for any of the following reasons:
      (1) If the certifying board determines that the applicant does not meet the minimum requirements as stated.
      (2) Violation of rules, regulations, or the Code of Ethics established by ASA.
      (3) Misrepresentation on an application, willful submission of incorrect information, or failure to include relevant information in any communication to the 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.
   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. 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.
Certified Crop Adviser (CCA) Code of Ethics

All individuals certified under the International Certified Crop Adviser (ICCA) program must subscribe to the CCA Code of Ethics. The ICCA Standards & Ethics Committee periodically reviews the current Code of Ethics.

Article I. Preamble
1. 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. When using the CCA designation, a CCA shall use professional conduct in all communications relating to this vocation including but not limited to emails, blogs, and social media.
3. The ICCA program will award the title of Certified to individuals who meet the experience, testing requirements and the continuing education requirements of the 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.
4. Certified Crop Advisers (hereafter called CCAs), at the request of a client or employer, must disclose the information used to gain certification. CCAs who knowingly misrepresent their credentials will face disciplinary action.

Article II. Relation of Professional to the Public
1. A CCA shall avoid and discourage sensational, exaggerated, or unwarranted statements that might induce participation in unsound enterprises.
2. A CCA 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. A CCA 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
1. A CCA 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.
2. A CCA who finds that obligations to the employer or client conflict with their professional obligation or ethics should work to have such objectionable conditions corrected.
3. A CCA shall not use, directly or indirectly, employer or client’s information in any way that would violate their confidentiality.
4. A CCA shall not divulge information given in confidence.
5. A CCA 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. A CCA 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.
7. A CCA shall engage, or advise employer or client to engage and cooperate with other experts, specialists and government agency staff.
8. A CCA protects the interest of a client by recommending only products and services that are in the best interest of the client and public.
9. A CCA protects his/her credibility by disclosing to clients how he/she will be compensated for providing recommendations to the client.

Article IV. Relation of Professionals to Each Other
1. A CCA shall not falsely or maliciously attempt to injure the reputation of another.
2. A CCA 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 CCA shall not use the advantage of public employment (e.g. university, government) to compete unfairly with other certified professions.
4. A CCA shall endeavor to cooperate with others in the profession and encourage the ethical dissemination of technical knowledge.

Article V. Duty to the Profession
1. A CCA 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 CCA shall uphold this Code of Ethics by precept and example and encourage, by counsel and advice, other CCAs to do the same.
3. A CCA having positive knowledge of deviation from this Code by another CCA shall bring such deviation to the attention of the CCA’s Local Board.

Approved by
International CCA Board of Directors 07/97

Edited and approved by
ICCA Board of Directors 09/2016

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

Print name _______________________________________________________________________________________

Signature ____________________________________________________________________________________________ Date __________________________
1. APPLICANT'S NAME AND ADDRESS
Please print or type:

Certification No. __________

Last Name/Surname ____________________________

First Name/Given ____________________________

Middle Name ____________________________

Address ____________________________

Address ____________________________ City ____________________________ State/Province ____________________________ 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 an agronomist?

☐ Yes  ☐ No  If yes, attach an explanation.

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

Birthdate ____________________________ Ethnicity ____________________________

Citizenship ____________________________ Gender ____________________________

3. DOCUMENTATION REQUIRED:

a. Educational background including: institution, degree(s), major, and minor areas, date degree granted. An official transcript of all academic credits and including verification of degree(s) are required.

b. Completed Professional Experience Form. List all professional positions held, professional activities, and membership and offices held in professional and honorary societies.

c. References:

1. For Certified Professional Applications refer to I, C, 4.

d. Completed Core Summary Form. This form does not substitute for transcripts, official transcripts are required.

e. Resume.

4. FEES:

Application $110.00

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 accepted:

☐ MasterCard  ☐ Visa  ☐ Discover  ☐ AMX

Card Number ____________________________

Expiration Date ____________________________

Card billing zip code ____________________________

Cardholder’s Name ____________________________

Please Print Name ____________________________

5. NAME TO BE PRINTED ON CERTIFICATE:

Degree following name: (choose only one)—optional

☐ BS  ☐ BA  ☐ MS  ☐ PhD  ☐ Other ____________________________

Last Name/Surname ____________________________

First Name/Given Name ____________________________

Middle Name ____________________________
7. PROFESSIONAL EXPERTISE:

Please 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
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
Crop Insurance
Labor Management
Livestock Economics
Hazardous Waste Management
Best Management Practices
Ethics

Integrated Pest Management (IPM)
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
Resistance Management
Invasive Species/Noxious Weeds
Weed Identification
Nutrient Management (NM)
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
Soil Sampling
Plant Analysis
Crop Management (Science, Production, and Specializations (CMSPS)
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 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

8. PLEASE LIST NAME AND ADDRESS OF PRESENT EMPLOYER:

__________________________________________
__________________________________________
__________________________________________

9. DIRECTORY OF CONSULTANTS

A directory of certified individuals is located on the web at:
www.certifiedcropadviser.org

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 agree to follow the Code of Ethics.

Date      Signature of Applicant

Specialty Agronomy/Ag Education (SAAE)
Agricultural Climatology
Agro-Forestry
Agronomic Education
International Agronomy
Tropical Agriculture
### I. Professional Core

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

#### 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)

(6–9 Sem. — 9–13 Qtr.)

|            |       |       |       |       |       |       |
|            |       |       |       |       |       |       |

**Total**

#### Soil Science

(6–9 Sem. — 9–13 Qtr.)

|            |       |       |       |       |       |       |
|            |       |       |       |       |       |       |

**Total**

#### Additional—Professional Core Courses

(6–9 Sem. — 9–13 Qtr.)

|            |       |       |       |       |       |       |
|            |       |       |       |       |       |       |

**Total**

### Total Prof. Core Required

(30 Sem. — 45 Qtr.)

|            |       |       |       |       |       |       |
|            |       |       |       |       |       |       |

**Total**

---

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.

---

Last Name/Surname __________________________
First Name/Given ____________________________
Degree ___________________________ University ________________________________
Major ___________________________ Minor ________________________________

---

FOR OFFICE USE
No. ____________________________
II. Supporting Core

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

### Biology
(botany, microbiology, plant physiology)
(10 Sem. — 15 Qtr.)

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

Total

### Chemistry
(including 1 course in organic or biochemistry)
(10 Sem. — 15 Qtr.)

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

Total

### Computer Applications
(3 Sem. — 4 Qtr.)

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

Total

### Physics, Geology, or Climatology
(3 Sem. — 5 Qtr.)

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

Total

### Mathematics
(3 Sem. — 5 Qtr.)

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

Total

### Statistics
(3 Sem. — 5 Qtr.)

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

Total

### Economics
(6 Sem. — 9 Qtr.)

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

Total

### Additional—Supporting Core Courses
(7 Sem. — 11 Qtr.)

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

Total

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

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

Months of experience this page 33

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### INSTRUCTIONS

1. List full-time positions in sequential order, ending with current position.
2. 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.
3. List beginning and ending month and year for all positions.
4. If you have worked 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 CPAg work experience requirement.
Professional Experience Form
AGRONOMIST CERTIFICATION

Date of Degree: BS ______ MS ______ PhD ______

Last Name/Surname______________________________________  First Name/Given______________________________________

Employment Information—Please see example page for instructions.

<table>
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<th>Length From</th>
<th>To</th>
<th>Degree Level</th>
<th>Employer Name, Location</th>
<th>Professional Title</th>
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</table>

Months of experience this page _____________
Last Name/Surname______________________________________  First Name/Given____________________________________

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</table>

Months of experience this page ______________

Total months of experience including all pages ______________
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- 5 years of work experience with a bachelor’s degree in agriculture
- 4 years of work experience with a master’s degree
- 3 years of work experience with a PhD

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

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   From ______________________ to ______________________
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4. Knowing the minimum requirements for CCA/CPAg certification, do you feel qualified to recommend this applicant to become certified in the area of certification as stated on the reverse side? ________ Yes      ________ No
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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 __________________________________________________________________

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Certified Professional Agronomist

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Print Name ________________________________________________ Professional Title _______________________
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Certified Professional Agronomist

From:

Applicant’s name

Applicant’s address

Phone

Email

To:

Reference name

Reference’s address

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Print Name ___________________________ Professional Title ___________________________

Signature ___________________________ Location ___________________________

Date ___________________________ Licensed or Certified as ___________________________ Telephone ___________________________

Email ___________________________

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