

Application for Certification Certified Forage and Grassland Professional (CFGP)

Certification as a Forage and Grassland Professional (CFGP) signifies that the designated individual has successfully completed this application and an exam that documents his or her knowledge in planning critical conservation practices and implementing sound resource management of pasture, hay land, and grazed cropland. Candidates who wish to take the exam and be certified by the American Forage and Grassland Council (AFGC) must complete the Application for Certification and return it, with payment, to AFGC at the address indicated on this form.

Those who earn CFGP status are required to re-certify every two years by meeting continuing education requirements specified by AFGC. More information on re-certification is available online at www.afgc.org or by calling the office at 800.944.2342.

PLEASE TYPE OR PRINT LEGIBLY

Date of Application: _____
Name (Mr./Ms./Mrs.): _____
Company Affiliation: _____
Title: _____
Address: _____
City _____ State _____ Zip/Postal Code _____
Country (other than U.S.A.): _____
Phone: _____ Fax: _____
E-mail: _____

EDUCATION

College/University	Major	Degree	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education should include completion of bachelor's degree in Agronomy, Soils, Animal Science, Natural Resources, Range Science, or a closely related field.

Education toward an MS or PhD degree in a field closely related to forage or grassland management may be substituted for two years of experience as determined by the Certification Committee. The Committee may, at their discretion, accept other combinations of education and experience as meeting these requirements.

Five years of experience and performance on the written exam may be substituted for course requirements if the Committee decides that the required subject matter content is met. Also, completion of courses approved for continuing education units may be substituted for some educational requirements. Education alone cannot be substituted for all of the experience requirements.

PROFESSIONAL WORK EXPERIENCE

At least five years of full-time experience is required. Only work that is directly related to grassland/forage resource management will be counted toward the experience requirement. Qualifying experience may consist of employment in farm/ranch management, land management agencies, consulting, teaching, research, extension or technical assistance, or other types of grassland/forage resource management.

In the space below, please describe your professional work, starting with your current position. Provide enough detail to characterize the main activities and responsibilities (including number and type of personnel supervised) related to grassland/forage resource management. Keep the descriptions as brief as possible. Do not provide detail on work that clearly does not qualify as grassland/forage resource management experience. You may add pages where space provided is inadequate.

Current Employment

Postion/Job Title: _____

Dates of Employment: From _____ To _____

Employer and Location: _____

Immediate Supervisor: _____ Telephone: _____

Percent of Time Directly Related to Grassland/Forage Management: _____

Description of Work: _____

Names and contact information of at least two people (other than the immediate supervisor listed above) with knowledge of your performance in this job. At least one should be from outside your organization or peer group. For example, agency personnel should list a rancher or other grassland/forage user, farmers should list someone other than a farmer, and university personnel should list someone from a producer group or agency.

Contact Name: _____ Telephone: _____

Address _____

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Address: _____

Previous Employment

Postion/Job Title: _____

Dates of Employment: From _____ To _____

Employer and Location: _____

Immediate Supervisor: _____ Telephone: _____

Percent of Time Directly Related to Grassland/Forage Management: _____

Description of Work: _____

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Contact Name: _____ Telephone: _____
Address _____

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Address: _____

OTHER EXPERIENCE

At least one documented training course should have been taken in each of the following areas. List training course and date completed:

Vegetative Management

Course: _____ Date Completed: _____

Animal Management

Course: _____ Date Completed: _____

Conservation Planning on Grasslands or Grazing Lands

Course: _____ Date Completed: _____

Pasture Condition Assessment

Course: _____ Date Completed: _____

Economics of Forage and Grassland Management

Course: _____ Date Completed: _____

Grassland Soil Management, Soil Quality, Erosion Control, and Fertility Management

Course: _____ Date Completed: _____

FEES/PAYMENT INFORMATION

Please return this completed form with payment to: **AFGC, PO Box 867, Berea, KY 40403**. If you have questions, please call 800.944.AFGC, fax 859.623.8694, or e-mail info@afgc.org. Fees are used to support CFGP program administration. Once your application and payment are processed, it will be reviewed by the Certification Committee. AFGC will contact you regarding the result. If your application is approved, a time, location and proctor to administer the exam will be set. Refunds are not available regardless of certification status. Membership in AFGC is not required for certification.

\$100 AFGC Member

Check Credit Card (circle): AMEX MC VISA Amount: \$ _____

Card Number: _____

Exp. Date: _____ Security Code: _____

Signature: _____

For office use only	
Accepted on: _____	By: _____
Payment Received ___ Yes ___ No	
Payment Type ___ Check ___ Credit Card	