



APPLICATION FOR GCSAA CERTIFICATION RENEWAL

1421 Research Park Drive • Lawrence, KS 66049-3859 • 800-472-7878

NAME & MEMBERSHIP NUMBER:

Last _____ First _____ Middle (or initial) _____

Current Position Held _____

Are you a current GCSAA member? YES NO Member Number _____ Class _____

CLUB, COURSE OR COMPANY NAME AND ADDRESS:

_____ Maintenance phone (_____) _____

City _____ State _____ Zip _____

HOME ADDRESS:

_____ Telephone (_____) _____

City _____ State _____ Zip _____

PREFERRED EMAIL ADDRESS: _____

RENEWAL OPTIONS 1 OR 2: (YOU MUST CHECK ONLY ONE BOX)

OPTION 1 – I plan to recertify under Option 1: Completion of 15 total points with at least 9.0 from Education Points. I also understand I must provide proof of a valid pesticide license, or pass the GCSAA IPM Exam within my five-year renewal cycle.

OPTION 2 – I plan to take the six-hour certification exam in addition to having 5.0 total points (3.0 education points minimum) to complete my renewal requirements. I also understand that I must provide proof of a valid pesticide license, or pass the GCSAA IPM Exam within my five-year renewal cycle.

POINTS:

Please refer to your GCSAA transcript of points and certification renewal policy chart when completing this section. Only points earned during your current five-year certification period are applicable toward your certification renewal.

Total eligible from Education Points _____

Total eligible from Service Points _____

Please list any additional points earned, but NOT on transcript, and provide affidavits:

PAYMENT INFORMATION:

I hereby attest that the information provided is correct and authorize GCSAA to make any inquiries necessary to confirm my eligibility for certification renewal. I understand that the fee of \$295 USD (GCSAA member)/\$365 USD (non-member) that must accompany this application is not refundable.

Date of application ____/____/____ Signature _____

NOTICE: Upon any rejection of an application, the rejected applicant may, within thirty (30) days of the notice of rejection make a formal written appeal to the GCSAA Certification Committee through headquarters. In all cases the final appeals level will be the GCSAA Board of Directors.

Visa Mastercard American Express Card No. _____ Exp. Date ____/____

Check or money order to: GCSAA
1421 Research Park Drive
Lawrence, KS 66049-3859

BELOW FOR GCSAA OFFICE USE ONLY

Chapter _____	Total Education Points _____
IPM Competency: _____ License _____ Exam _____	Total Service Points _____
	Total Points Earned _____

Date Certified _____ Current Period _____ To _____

Additional Education Points Needed: _____ Total Points Needed: _____ Reviewed by: _____ Date: _____

Date Exam Completed: _____ Application Approved by: _____ Date: _____

Additional Events:

_____ Date: _____ Education Points _____

_____ Date: _____ Education Points _____

_____ Date: _____ Education Points _____