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ME & MEMBE	ERSHIP NUMBER	Male Female								
							Date of Birth	/		/
ast		First			Middle (or initial)					
urrent Position	Held				Attach an official statement from yo employer verifying employment infro	ur current omation.	Start Date	/	/	
Cumulative Years	as a Golf Course Superintender	nt Are you a GCSAA member? [YES	5	NO Member	Number				
have an update	d copy of my pesticide license o	n file with GCSAA, or passed the IPM Exam 🔲 YES		N0	1					
have previously	applied for Certificaiton or been	Certified 🗌 YES 🔲 NO								
	SUPERINTENDENT EXPER									
		tegory at which you are entering the program. Eligibil	ity will be	deteri	mined by: Formal Education Val	ue + Years	of Superintendent Expe	erience +	Education	Points :
					Years of Superintendent Experience Education		Experience Points			
For	mal Education Category & Poi	nt Value								
1. [Bachelor's Degree or High	er in Turf/Plant Science	15	+	3 or more	+	Variable	=	20	
2. [Other Bachelor's Degree o	r Higher, plus Associate's Degree in Turf/Plant Science	15	+	3 or more	+	Variable	=	20	
3. [Other Bachelor's Degree o	r Higher	14	+	3 or more	+	Variable	=	20	
4. [Associate's Degree in Turf,	Plant Science	13	+	3 or more	+	Variable	=	20	
5. [Turf Certificate/Short Cour	ses	9	+	3 or more	+	Variable	=	20	
6. [Other Associate's Degree		8	+	5 or more	+	Variable	=	20	
7. [No Degree or Recognized	Certificate	0	+	5 or more	+	Variable	=	20	
l have complet – OR –	ed the "Principles of Golf Co	ourse Leadership and Communications" certificat	e withir	n the A	Assistant Superintendent C	ertificate	Series (ASCS)] YES		NO
I have complet U Write a Volunte serve a Give a	as a GCSAA Grassroots Amb presentation and document		the pre							
JRRENT GOL	F COURSE INFORMATION									
							# of holes			
Course name (If r	responsible for more than one, p	lease list on separate sheet.)								
Address										
					()		()			
		State Zip			Phone		Fax			
City										
	nation (If different from golf course	e information listed above.)								
Employer Inform	, J	e information listed above.) any Management Company Government								
Employer Inform	, J	,								
	, J	,			()		()			

Home Address				
Course name (If responsible for more th	ian one, please list on separate sh	neet.)		# of holes
Address				
City	State	Zip	() Phone	() Fax

Preferred Address for all Certification Correspondence:

LOCAL CHAPTER INFORMATION						
Two currently certified Golf Course Superintendents, appointed by your local chapter, will conduct an evaluation of your golf course. Please list the chapter(s) of which you are currently a member so that we may request attestors. If you are not a member of a local chapter, please indicate by checking the box below.						
Name of local chapter(s)						
I am not currently a member of a local chapter.						
PAYMENT INFORMATION						
Please check the following: I hereby attest that all submitted information is correct; further, I authorize GCSAA to make any inquiries deemed necessary to ascertain my eligibility for certification, including verification of my employment. I understand the application fee of \$310 US for GCSAA member, or \$930 for non-member, must accompany this application and that all fees are nonrefundable. I understand the processing of this application may take up to four weeks. I have attached a statement from my employer verifying my position and date of employment.						
Date of application Print Name						
Signature						
Make check payable to GCSAA - OR -						
□Visa □Mastercard □American Express Card NoExp. Date/						
Mailing Address: GCSAA Certification Program 1421 Research Park Drive Lawrence, KS 66049-3859 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 GCSAA Headquarters, 1421 Research Park Dr., Lawrence, KS 66049. In all cases, the final appeals level will be the GCSAA Board of Directors.						
BELOW FOR GCSAA OFFICE USE ONLY						
Application & Fee Received: Date / / Amount \$ Check # CODE #						
Education Point Value Years of Experience Eudcation Points TOTAL POINTS						
Education Point Value Years of Experience Eudcation Points TOTAL POINTS						
Principles of Golf Course Leadership and Communications Certificate OR -						
□ Written Article □ Volunteer Service □ Presentation Given □ BMP Completion						
APPOINTED ATTESTORS:						
Name: GCSAA Member Number: Last First Middle (or initial)						
Name: GCSAA Member Number:						
Last First Middle (or initial)						
GCSAA APPROVED: Date Certification Manager						
GCSAA REJECTED: Date Certification Manager						
Comments:						