

**NAME & MEMBERSHIP NUMBER**
 Male  Female

Last \_\_\_\_\_ First \_\_\_\_\_ Middle (or initial) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

 Current Position Held \_\_\_\_\_ Attach an official statement from your current employer verifying employment information. Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

 Cumulative Years as a Golf Course Superintendent \_\_\_\_\_ Are you a GCSAA member?  YES  NO Member Number \_\_\_\_\_

 I have an updated copy of my pesticide license on file with GCSAA, or passed the IPM Exam  YES  NO

 I have previously applied for Certification or been Certified  YES  NO

**GOLF COURSE SUPERINTENDENT EXPERIENCE REQUIREMENT**

Indicate by check mark the formal education category at which you are entering the program. Eligibility will be determined by: Formal Education Value + Years of Superintendent Experience + Education Points = 20

Formal Education Category & Point Value		Years of Superintendent Experience	Education	Experience Points	Total			
<input type="radio"/> 1.	Bachelor's Degree or Higher in Turf/Plant Science	15	+	3 or more	+	Variable	=	20
<input type="radio"/> 2.	Other Bachelor's Degree or Higher, plus Associate's Degree in Turf/Plant Science	15	+	3 or more	+	Variable	=	20
<input type="radio"/> 3.	Other Bachelor's Degree or Higher	14	+	3 or more	+	Variable	=	20
<input type="radio"/> 4.	Associate's Degree in Turf/Plant Science	13	+	3 or more	+	Variable	=	20
<input type="radio"/> 5.	Turf Certificate/Short Courses	9	+	3 or more	+	Variable	=	20
<input type="radio"/> 6.	Other Associate's Degree	8	+	5 or more	+	Variable	=	20
<input type="radio"/> 7.	No Degree or Recognized Certificate	0	+	5 or more	+	Variable	=	20

 I have completed the "Principles of Golf Course Leadership and Communications" certificate within the Assistant Superintendent Certificate Series (ASCS)  YES  NO

- OR -

I have completed 3 of the 4 following items:

- Write and publish an article for a chapter newsletter or *GCM*
- Volunteer on a GCSAA Chapter or golf organization task group/committee; board of directors, participate in an hosting a First Green event, serve as a GCSAA Grassroots Ambassador, or attend National Golf Day
- Give a presentation and document the experience by providing the date and time of the presentation, meeting outline and meeting minutes
- Complete or update the facility BMP template for your course or create a BMP manual

**CURRENT GOLF COURSE INFORMATION**

Course name (If responsible for more than one, please list on separate sheet.) \_\_\_\_\_ # of holes \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Employer Information** (If different from golf course information listed above.)

 Club  Course  Municipality  Company  Management Company  Government

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Home Address**

Course name (If responsible for more than one, please list on separate sheet.) \_\_\_\_\_ # of holes \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

 Preferred Address for all Certification Correspondence:  HOME  COURSE  EMPLOYER

**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 No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Exp. 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                      Education Points                      TOTAL POINTS

- Principles of Golf Course Leadership and Communications Certificate
- OR –
- Written Article     Volunteer Service     Presentation Given     BMP Completion

**APPOINTED ATTESTORS:**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle (or initial) \_\_\_\_\_ GCSAA Member Number: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle (or initial) \_\_\_\_\_ GCSAA Member Number: \_\_\_\_\_

GCSAA APPROVED: Date \_\_\_\_\_ Certification Manager \_\_\_\_\_

GCSAA REJECTED: Date \_\_\_\_\_ Certification Manager \_\_\_\_\_

Comments: