

NAME & MEMBERSHIP NUMBER

Male Female

Last _____ First _____ Middle (or initial) _____ Date of Birth MO / DAY / YR

Current Position Held _____ Attach an official statement from your current employer verifying employment information. Start Date MO / DAY / YR

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 a check mark if you meet the qualifications of a Class A superintendent. YES NO
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	
1.	<input type="checkbox"/> Bachelor's Degree or Higher in Turf/Plant Science	15	+	3 or more	+	Variable = 20
2.	<input type="checkbox"/> Other Bachelor's Degree or Higher, plus Associate's Degree in Turf/Plant Science	15	+	3 or more	+	Variable = 20
3.	<input type="checkbox"/> Other Bachelor's Degree or Higher	14	+	3 or more	+	Variable = 20
4.	<input type="checkbox"/> Associate's Degree in Turf or 2-yr Turf Certificate from accredited University or College	13	+	3 or more	+	Variable = 20
5.	<input type="checkbox"/> Other Associate's Degree	8	+	3 or more	+	Variable = 20
6.	<input type="checkbox"/> 1-year Turf Certificate from an accredited University or College	7	+	5 or more	+	Variable = 20
7.	<input type="checkbox"/> 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 (____) _____

LOCAL CHAPTER INFORMATION

Two currently certified Golf Course Superintendents, appointed by GCSAA, will conduct an evaluation of your golf course. Please list the chapter(s) of which you are currently a member. 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 \$370 US for GCSAA member, or \$990 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.