



**EDUCATIONAL REQUIREMENTS
WORKSHEET
CSFM CERTIFICATION PROGRAM**

GENERAL INFORMATION

NAME _____
Last First Middle (or Initial)

STMA MEMBER NUMBER _____ **TITLE** _____

CURRENT EMPLOYER _____

**EMPLOYER ADDRESS
& PHONE**

Address _____

City State ZIP

(____) _____ (____) _____
Phone FAX

**HOME ADDRESS &
PHONE**

Address _____

City State ZIP

(____) _____ (____) _____
Phone FAX

PREFERRED ADDRESS FOR ALL CORRESPONDENCE IS: WORK _____ **HOME** _____

BASIC REQUIREMENT: A HIGH SCHOOL DIPLOMA OR EQUIVALENT:

Name of School or Institution: _____

City, State _____

Dates Attended _____

Diploma or Certificate Earned: _____

ELIGIBILITY

The following information will be used to determine educational points earned towards eligibility to apply for admission to the CSFM Certification Program. Indicate by check mark the highest level of education completed which qualifies for points.

Level of Education

1. Turf Certificate Program
Name of Program _____
2. Two-Year College Program Non-Turf
Major _____
 Turf or Related
 Plant Science
Major _____
3. Four- Year College Non- Turf
Major _____
 Turf or Related
 Plant Science
Major _____
4. Advanced Degree
 Turf or Related
 Plant Science
Major _____

FORMAL EDUCATION

Before your application for certification from STMA can be accepted, your educational experience must be verified. You must request an official transcript (photocopies will not be accepted) from the educational institution from which you have obtained your degree. The transcript can be attached to this worksheet or forwarded separately from the school. Transcripts forwarded separately must be sent to: Sports Turf Managers Association, PO Box 1673, Lawrence, KS 66044.

List the school(s) for which transcripts have been requested or are attached:

Name of School: _____

City, State _____

Dates Attended _____

Degree or Certificate Earned: _____ Major _____

Name of School: _____

City, State _____

Dates Attended _____

Degree or Certificate Earned: _____ Major _____

Name of School: _____

City, State _____

Dates Attended _____

Degree or Certificate Earned: _____ Major _____

Request for additional points on STMA Approved Educational Programs

- Other STMA Recognized Program _____
Name of Program
- Other STMA Recognized Program _____
Name of Program
- Other STMA Recognized Program _____
Name of Program

Proof of completion is required. Please request the institution that offers and administers the program to submit verification of successful completion of the program.

List of institutions for which verification of program completion has been requested or are attached:

Name of Institution _____

City, State _____

Dates Attended _____

Certificate Earned: _____

Name of Institution _____

City, State _____

Dates Attended _____

Certificate Earned: _____

Name of Institution _____

City, State _____

Dates Attended _____

Certificate Earned: _____

FOR OFFICE USE ONLY

Eligibility Check:

Transcript Received _____ From _____ Date _____

Additional Transcript Received _____ From _____ Date _____

Additional Transcript Received _____ From _____ Date _____

Completion Verification Received _____ From _____ Date _____

Education Level _____

Experience _____

Education Points Awarded: _____

Approved: _____
Date _____ Certification Manager _____

Rejected: _____
Date _____ Certification Manager _____

Reasons for Rejection: _____

Comments: _____
