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

2. Two-Year College Program
   □ Non-Turf
   □ Turf or Related Plant Science

3. Four-Year College
   □ Non-Turf
   □ Turf or Related Plant Science

4. Advanced Degree
   □ Turf or Related Plant Science

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, 805 New Hampshire, Ste E, 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: ________________________________________________________________
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: _________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
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________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________