



**EDUCATIONAL REQUIREMENTS  
WORKSHEET  
CSFM CERTIFICATION PROGRAM**

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**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

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**PREFERRED ADDRESS FOR ALL CORRESPONDENCE IS: WORK** \_\_\_\_\_ **HOME** \_\_\_\_\_

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**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.

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### 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 \_\_\_\_\_

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### 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 \_\_\_\_\_

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**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: \_\_\_\_\_

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**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:** \_\_\_\_\_

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**Comments:** \_\_\_\_\_

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