



MARYLAND NUTRIENT MANAGEMENT PROGRAM
50 HARRY S. TRUMAN PARKWAY
ANNAPOLIS, MARYLAND 21401
TEL. NO. 410-841-5959, FAX NO. 410-841-5950

INFORMATION FOR CERTIFICATION APPLICANTS

Revised: May 2011

The Nutrient Management Certification is available to individuals with the expertise to provide nutrient management services to the agricultural community.

- 1) The requirements for certification and program criteria are explained in detail in the "Maryland Nutrient Management Regulations" COMAR 15.20.04 & .08
- 2) Certification Exam Application Requirements:
To apply for the certification exam, an applicant shall file the following with the Department of Agriculture at least 15 days before any announced examination:
 - a) An application on a form provided by the Department.
 - b) Except for government employees, the certification fee of \$50 by check or money order, payable to the Maryland Department of Agriculture.
 - c) Proof of meeting one of the following:
 1. A school authenticated college degree in an agriculturally related area, and one year of practical experience acceptable to the Department in nutrient management planning; or
 2. A combination of education and practical experience related to nutrient management planning and acceptable to the Department.
 - d) Verification of nutrient management experience must be included. A minimum of twelve months experience must be verified by current or former employers who supervised the applicant's nutrient management activities. Transcripts indicating college work may be requested when education is used to meet eligibility requirements.
- 3) The completed application shall be mailed to:
Maryland Department of Agriculture
Nutrient Management Program
50 Harry S. Truman Parkway
Annapolis, Maryland, 21401
- 4) Certification application must be completely filled out and accompanied by a \$50 application fee. Government employees and farmer/operators who are retaking the exam do not need to pay the fee. Incomplete applications will be returned.
- 5) Information submitted on the application is used to evaluate eligibility for certification examination. You have a right to inspect, amend or correct this information. State Government Article 10 -616(h), Annotated Code of Maryland, with certain exceptions, prohibits the Department from disclosing this information. This information is not routinely shared with state, federal or local government agencies.
- 6) Once an application is approved, the applicant will receive an exam registration confirmation. The information will include the date and location of the certification examination.

If you have any questions, please call the Maryland Nutrient Management Program at 410-841-5959.

3 – EDUCATION

a. High School/Name/City: _____ Years Completed: _____
Year Graduated: _____
b. College/Name/City: _____ Years Completed: _____
Year Graduated: _____

Major Field of Study and Degree: _____

(copy of transcript may be requested to verify areas pertinent to nutrient management)

4 – ADDITIONAL EXPERIENCE/TRAINING

a. Any related training or short courses?

Title: _____ Sponsor: _____

Location: _____ Duration: _____ Date: _____

b. Other professional certification, registration, or credentials

Title: _____ Date: _____

c. Additional reference (pertinent to your knowledge/experience)

Name: _____

Address: _____

Phone No.: _____

5. Have you applied for certification in Maryland before? Yes , No

6. Application fee/money order number and date: _____

7. I hereby apply for nutrient management certification in accordance with the provisions of Agricultural Article 15.20.04 and certify that the above information is true and accurate to the best of my knowledge.

Signature Date

FOR OFFICIAL USE ONLY

Qualification Reviewed By: _____ Date: _____

Comments: _____

VERIFICATION OF NUTRIENT MANAGEMENT EXPERIENCE

The work experience of an applicant for nutrient management certification must be verified by employer(s) as part of the application form.

PRESENT EMPLOYMENT VERIFICATION

I certify that _____ is employed by
Applicant's Name

and duties are related to providing nutrient management technical services.

Name of Business/Agency

Position Held: _____ from _____ to _____
Month / Year Month / Year

Name

Signature

Title

Nutrient Management License # (if applicable)

Telephone

Date

FORMER EMPLOYMENT VERIFICATION (If additional years of experience are required)

I certify that _____ is employed by
Applicant's Name

and duties are related to providing nutrient management technical services.

Name of Business/Agency

Position Held: _____ from _____ to _____
Month / Year Month / Year

Name

Signature

Title

Nutrient Management License # (if applicable)

Telephone

Date