



Reference Letter

Certification Programs

Certified Professional Soil Scientist

sponsored by the Soil Science Society of America

www.soils.org/certifications/

Applicant's Name

Applicant's Email

_____ Reference Name
_____ Reference's Address
_____ Phone
_____ Email
Check if reference is:
<input type="checkbox"/> CPSS <input type="checkbox"/> CPAg
<input type="checkbox"/> Other Licensed professional (related to Soil Science)

<input type="checkbox"/> Soil Science Faculty

Please consider not printing out this document and instead type and digitally sign in this fillable form.



The above-named individual is applying for certification and has requested that you act as a reference. Once completed, please download and email to certification@sciencesocieties.org. An applicant must provide at least five references (including at least one that is a CPSS or CPAg, a licensed soil scientist, or a faculty member familiar with the applicants work experience in soil science, as referenced in I.B.3 of the CPSS Policy Document), and others who are familiar with their experience. By completing this form you will be acting as a reference for the applicant named above.

Please answer the questions on the back of this form, and include any additional comments that you feel may be helpful. This form will be reviewed by the Certifying Board to ensure that the applicant has the necessary education and experience to be certified.

Prospective applicants must meet rigorous educational, experience, and ethical standards. They must have a minimum of an bachelor degree, meet certain course requirements, and adhere to the code of ethics. Because we want to certify only individuals who meet the professional standards, we solicit your confidential and frank opinion of this applicant.

Experience: Applicants for Certified Professional status (**no experience is needed for APSS**) must have at least five years of professional experience beyond the BS degree in each area of certification. An advanced degree will substitute for two years professional experience; for example, three years of professional experience at both the MS and/or PhD level.

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**Reference letters sent through the applicant will not be considered.*

Please respond to the following items and include any pertinent information that you feel will aid in the evaluation of the applicant's credentials.

1. In what capacity have you had association with the applicant (*family members/relatives not valid references*)?
I am/was the applicant's: Supervisor Subordinate Academic Advisor Colleague Classmate Client
 Other as: _____
2. What length of time have you known the applicant in the above capacity? _____ years
3. For what period of time are you familiar with the applicant's professional work experience?
From (month/year): _____ to (month/year): _____
4. Knowing the minimum requirements for certification, do you feel qualified to *recommend* this applicant to become certified in the area of certification as stated on the reverse side? Yes (please proceed and complete the reference.)
No (Please give a brief statement in # 7 below of your reason(s); sign and return this letter immediately.)
5. How would you characterize the applicant's professional reputation and attitude?

6. What particular strengths do you feel the applicant has that may be important?

7. Do you feel that the applicant is fully qualified at this time for the certification listed? Yes
No--If not, how could the applicant overcome any weaknesses or deficiencies?

8. Please comment on the applicant's knowledge and application of soil science.

9. Please comment on the applicant's ability to analyze and solve problems.

10. Please comment on the applicant's professional judgment, growth, and development.

11. As it relates to your experience with the applicant, please list the type of work the applicant has performed and provide details of their responsibilities.

12. Please make any additional comments which will aid in making a fair evaluation of this applicant. Attach additional pages if necessary.

13. Do you recommend this applicant to be certified as a Certified/Associate Professional Soil Scientist? Yes No

Signature _____ Date _____
(Type or Digitally Sign)

Organization Name _____ Location _____

Professional Title _____

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