

CCA Reference Form—Client

The client fills out this entire form.

Applicant's Name

Applicant's Email

Reference Name

Reference's Address

Phone

Email

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



The above-named individual is applying for CCA 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 two non-relative references who are familiar with their experience providing crop management advice to client(s) (e.g. farmers, growers, farm managers/operators). By completing this form you will be acting as a reference for the applicant named above.

Please answer the questions and include any additional comments that you feel may be helpful. This form will be reviewed by the CCA Local Board to ensure that the applicant has the necessary experience to be certified as a crop adviser.

To become certified, a prospective applicant must pass the international and local board CCA examinations. Applicants must have knowledge and skills in the areas of nutrient management, soil and water management, integrated pest management, and crop management. As a reference, by checking 5 and 6 on this form, you are acknowledging that the applicant has skills in these areas. The applicant must also have their credentials reviewed and meet one of the conditions below:

Full CCA Status—

- 4 years of crop advising experience, or
- 3 years crop advising experience with an associate's degree in agriculture, or
- 2 years crop advising experience with a bachelor's degree in agriculture

CCA Candidate Status—

- Currently working toward full status, which will not be granted until enough experience and/or education is obtained.

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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? I am (was) the applicant's:

Client/Grower Other as: _____

2. What length of time have you known the applicant in the above capacity? _____ years

3. For what period of time did the applicant provide crop management advice to you as a farmer/grower?

From _____ to _____ .
month/year month/year

4. Knowing the minimum requirements for CCA certification, do you feel qualified to *recommend* this applicant to the local CCA board to become certified in the area of certification as stated above?

Yes No

If "yes", please proceed and complete the reference.

If "no", please give a brief statement in no. 7 of your reason(s); sign and send in this letter.

5. Do you feel that the applicant fully meets the eligibility requirements or is actively working towards meeting the Certified Crop Adviser Program?

Yes No

6. Do you recommend this applicant to be certified by the local board as a Certified Crop Adviser?

Yes No

7. Please list any comments that will aid the local board in making a fair evaluation of this applicant (*optional*).

I hereby certify that all information submitted on this form is correct and true to the best of my knowledge.

Signature _____ Date _____
(Type or Digitally Sign Name)

Organization Name _____ Location _____

Professional Title _____

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