



APPLICATION FOR CERTIFICATION AS A CERTIFIED PROFESSIONAL IN RANGELAND MANAGEMENT

Date of Application _____

Please type of print legibly

Name _____

Mailing Address _____

Business Phone _____ FAX _____

Home Phone _____ Email _____

EDUCATION

| College/University | Major | Degree | Year |
|--------------------|-------|--------|------|
| | | | |
| | | | |
| | | | |

Attach copies of transcripts for all relevant college or university courses. From the transcripts provided, list the courses (credits and grades) that are appropriate for the following categories of subject matters. If the name of the course shown on the transcript does not closely match the category description, provide documentation of the course content such as a college catalog description or syllabus. If some courses meet more than one category of subject matter, list it in each appropriate category and apportion the credits accordingly.

Coursework categories - At least one course should be taken in the following areas:

- Rangeland Plant Identification (principles of plant taxonomy and keys and/or sight identification)
- Rangeland Vegetation Management (manipulating or establishing vegetation or habitat by means of grazing management, fire, chemical or mechanical treatment)
- Rangeland Animal Management (controlling the intensity, timing or distribution of animal use for animal production or other resource objectives)
- Rangeland Ecology (vegetation dynamics, plant-soil relationships, fire, herbivory, etc.)
- Plant Physiology (basic processes, grazing and fire effects on plants, autecology)
- Rangeland or Natural Resource Planning/Policy (management plans, analysis of historic and current legal and policy effects on rangeland use)
- Rangeland Vegetation Measurement (vegetation measurement techniques, range condition/health assessment, monitoring and inventory)
- Soil Science (principles of soil science and soil classification)
- Range Economics or Microeconomics and Natural Resource/Environmental Economics (economic applicable to business or project-level analysis)
- Interpersonal Communication and Discussion (speech, technical writing, media techniques, conflict resolution, etc.)
- Other (any other courses which you consider as having special value in qualifying you as a rangeland professional; e.g. watershed management, recreation, forestry)



Society for Range Management

PROFESSIONAL WORK EXPERIENCE

In the spaces provided below, describe your professional work, starting with your current position. Provide enough detail to characterize the main activities and responsibilities (including number and type of personnel supervised) related to rangeland management. Keep the descriptions as brief as possible. Do not provide detail on work that clearly does not qualify as range experience. You may add pages where space provided is inadequate. Do not attach reports, publications or other material not requested.

Current Employment

Position/Job Title _____

Dates of Employment: from _____ to _____

Employer & Location _____

Immediate Supervisor _____ Phone _____

Percent of Time Directly Related to Rangeland Management _____

Description of Work _____

Names and contact information of at least 2 people (other than the immediate supervisor listed above) with knowledge of your performance in this job. At least one should be from outside your organization or peer group. For example, agency personnel should list a rancher or other range user, ranchers should list someone other than a rancher, and university personnel should list someone from a producer group or agency.

1. Contact Name _____ Phone _____

Address _____

2. Contact Name _____ Phone _____

Address _____

Previous Employment

Position/Job Title _____

Dates of Employment: from _____ to _____

Employer & Location _____

Immediate Supervisor _____ Phone _____



Society for Range Management

Percent of Time Directly Related to Rangeland Management _____

Description of Work _____

1. Contact Name _____ Phone _____

Address _____

2. Contact Name _____ Phone _____

Address _____

Position/Job Title _____

Dates of Employment: from _____ to _____

Employer & Location _____

Immediate Supervisor _____ Phone _____

Percent of Time Directly Related to Rangeland Management _____

Description of Work _____

1. Contact Name _____ Phone _____

Address _____

2. Contact Name _____ Phone _____

Address _____



Society for Range Management

References

List the names of 3 people who can attest to your professional competence and personal character. You should request each of the 3 references to write a letter to the Executive Vice-President of SRM evaluating your professional and personal qualifications for certification as a rangeland management professional. At least one letter of reference must be from a SRM Certified Professional in Rangeland Management, a SRM Certified Range Consultant, or a California Certified Range Manager. Your application will not be processed until these 3 letters are received.

1. Name _____ Phone _____
Address _____
2. Name _____ Phone _____
Address _____
3. Name _____ Phone _____
Address _____

FEE SCHEDULE

Include a check or credit card number for the initiation fee. Initiation fees are nonrefundable. The fee will be used to support the administration of the certification program by SRM. Processing of the application will not begin until the fee is received. Membership in SRM is not required for certification nor will your membership status have any bearing on the evaluation of this application for certification.

| | <u>SRM Members</u> | <u>Non-Member</u> |
|--|--------------------|-------------------|
| Initial application for Certification <i>(covers initial examination)</i> | \$100.00 | \$200.00 |
| Biennial Renewal for Certification | \$ 60.00 | \$135.00 |
| Examination re-take <i>(new applicants as of 2/2013)</i> | \$ 50.00 | \$ 50.00 |

Payment Options

Payment must be made in U.S. funds drawn on a U.S. bank. Please make checks/money orders payable to:
Society For Range Management

Credit Card Payment: VISA MC DISC

Name as it appears on credit card _____

Card Number _____ Expiration Date _____

Security Code _____ Billing Zip _____

Signature (REQUIRED)

The information contained in this application and supporting documents is true to the best of my knowledge.

Signature of Applicant

Mail materials to: CPRM Program
Society for Range Management
6901 S Pierce St STE 230
Littleton, CO 80128