

THE MARYLAND NUTRIENT MANAGEMENT PROGRAM ANNOUNCES:
“The Nutrient Management Certification Examination”
February 17, 2016 • 9:00 a.m. – 11:00 a.m. • Annapolis, Maryland

THE EXAM

The Nutrient Management Certification Examination will be offered on Tuesday, **February 17, 2016**, in Annapolis, Maryland. The test consists of 100 multiple choice questions selected from nine knowledge areas. These include: general nutrient management; basic soil science; agricultural and environmental management; sampling testing, and analysis for nutrient assessment; basic soil fertility; fertilizer management; manure management; biosolids management; incentives and regulations.

WHO SHOULD TAKE THE EXAM

Farmers who are interested in developing state approved nutrient management plans, individuals from the private sector or government agencies who provide recommendations on application of nutrients to agricultural land, professionals who provide technical assistance, or are engaged in development of waste management systems and utilization of organic wastes, and individuals who make nutrient recommendations for lawn-care companies, nurseries and public grounds are also encouraged to take the exam.

DATE/TIME: February 17, 2016 / 9:00 a.m. – 11:00 a.m.

LOCATION

Maryland Department of Agriculture
Lower Level Conference Room
50 Harry S. Truman Parkway
Annapolis, Maryland 21401

CERTIFICATION FEE

A \$50 non-refundable certification fee.

*Government personnel are exempt from the exam fee and must provide a copy of the Tax Exempt Certificate.

HOW TO APPLY

You must apply to sit for the certification exam. Complete the application. Email the complete application form to mike.webster@maryland.gov. Pay the Exam fee of \$50 at the door. Make checks payable to “Maryland Department of Agriculture.” The application form is available at mda.maryland.gov. Follow the “nutrient management” and “training” links.

The deadline to submit a completed exam application is February 12, 2016.

DIRECTIONS

Maryland Department of Agriculture

From Baltimore: I-695 Beltway to Exit 4, I-97 toward Annapolis. Continue for 20 miles, until I-97 merges into U.S. 50 East. Take first exit, #22 (MD Rte. 665) to Riva Road. Turn right on Riva Road and continue for two lights to Harry S. Truman Parkway. Turn right and proceed one-half mile to MDA headquarters’ visitor parking on the right. NOTE: Photo I.D. required to enter the building.

From the Eastern Shore: U.S. 50 West to Exit 22 (MD Rte. 665) to Riva Road. Turn right on Riva Road and continue for two lights to Harry S. Truman Parkway. Turn right and proceed one-half mile to MDA headquarters on the right.

SNOW DATE FOR EXAM: FEBRUARY 23, 2016



MARYLAND NUTRIENT MANAGEMENT PROGRAM

50 HARRY S TRUMAN PARKWAY, ROOM 201

ANNAPOLIS, MARYLAND 21401

PHONE 410-841-5959

INFORMATION FOR AGRICULTURAL NUTRIENT MANAGEMENT CERTIFICATION APPLICANTS

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
 - d. 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
 - e. A combination of education and practical experience related to nutrient management planning and acceptable to the Department.
 - f. 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. Certification application must be completely filled out and accompanied by a \$50 application fee, except for government employee’s. Government employees need to provide a Tax Exempt Certificate for the organization with the application. Incomplete application will be returned.
4. 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.
5. 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.

Keep this page for reference



APPLICATION FOR AGRICULTURAL NUTRIENT MANAGEMENT CERTIFICATION

Email completed form to mike.webster@maryland.gov no later

February 12, 2016

MARYLAND DEPARTMENT OF AGRICULTURE
NUTRIENT MANAGEMENT PROGRAM

50 HARRY S. TRUMAN PARKWAY, ROOM 201
ANNAPOLIS, MARYLAND 21401
PHONE 410-841-5959

For Department Use Only
Date Appl. Rec'd
Check Number
Date Appl.
Approved
Cert. Number
Exam Date

1. NAME AND HOME ADDRESS

Name
Last First MI
Street
City State Zip
Soc. Sec. No.
Home Phone
Cell Phone
Email

2. EMPLOYMENT / BUSINESS INFORMATION

A. Current Employment

Agency Firm Name
Federal ID No
Street
City State Zip
Starting Date
Phone
Nutrient Management License Number (if applicable)
County
Position Held
Immediate Supervisor
Duties

Nature of Work (Check all that apply)
Sales or Distributions of Nutrients
Government Agency (Specify)
Farming
Commercial Fertilizer
Crop Advisory Services
Sewage Sludge

B. Previous Employment

Name
Address
City State Zip Code
Employed From To
Month /Year Month /Year
Position Held
Duties

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

4. ADDITIONAL EXPERIENCE/TRAINING

a. Related training or short courses

Title _____ Sponsor _____

Location _____ Duration _____ Date _____

b. Professional certification, registration, or credentials

Title _____ Date _____

c. Reference (pertinent to your knowledge/experience)

Name _____

Address _____

Phone No. _____

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

6. 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	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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.

CURRENT 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

Print Name

Signature

Title

Nutrient Management License # (if applicable)

Telephone

Date

**PREVIOUS EMPLOYMENT VERIFICATION
(If additional years of experience are required)**

I certify that _____ was 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