

A North American Program For Certified Manager of Invasive Plants (CMIP)

APPLICATION & PAYMENT FORMS

This Application Represents (check ONE box only)

- My Initial Request
- A Request to Re-Take test

SECTION 1: APPLICANT INFORMATION

Name _____ Title _____ Date _____

Company/Agency _____ Address _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Phone (____) _____ Email: _____@_____

Certified Pesticide Applicator ID number _____ Valid Thru ____/____/____ Issued by _____

SECTION 2: MINIMUM EDUCATION LEVEL CERTIFICATION

I certify that I have achieved the following educational level (please check ONE box as appropriate) - (NAWMA reserves the right to request verification of education levels through transcripts, additional documentation, etc.) You must also be a current member of NAWMA.

- No college credits, but a minimum of six- (6) years progressively responsible managerial, administrative and/or supervisory experience in management of invasive plants and related activities.
- Less than 30 college credits but with a minimum of four (4) years progressively responsible technical or managerial or field experience in management of invasive plants and related activities.
- 30-60 college credits plus two- (2) years progressively responsible technical or managerial or field experience in management of invasive plants and related activities.
- 61 + college credits plus one (1) years progressively responsible technical or managerial or field experience in management of invasive plants and related activities.

* College credits in natural, physical, agricultural or environmental science, landscape architecture or related fields are acceptable. College credits are based on a semester system. A quarter system credit is equal to 2/3 semester credit.

SECTION 3: EDUCATION LEVEL DOCUMENTATION

Name of Community / Technical / College / University: _____

Address: _____ City: _____ State/Province: _____

Zip/Postal Code: _____ Graduated? YES ___ NO ___ Total Hours Credit: Semester _____ Quarter _____

Highest Degree Received (check ONE only) BA/BS ___ MA/MS ___ Ph.D ___ Major Field of Study: _____

Dates of Enrollment - From: ____/____/____ To: ____/____/____

Name of Community / Technical / College / University: _____

Address: _____ City: _____ State/Province: _____

Zip/Postal Code: _____ Graduated? YES ___ NO ___ Total Hours Credit: Semester _____ Quarter _____

Highest Degree Received (check ONE only) BA/BS ___ MA/MS ___ Ph.D ___ Major Field of Study: _____

Dates of Enrollment - From: ____/____/____ To: ____/____/____

(Please attach additional sheets if necessary)

SECTION 4: PRACTICAL EXPERIENCE DOCUMENTATION

Please start with your current position and work backward until the minimum experience requirements for the desired certification level are met. Attach additional sheets if necessary.

Current Employer:

Employer Address: _____ City: _____ State/Province: _____ Zip/Postal Code _____

Supervisor's Name: _____ Telephone No: _____

Your Title: _____ Dates Employed - From: ___/___/___ To: ___/___/___

Job Duties (attach additional sheets if necessary):

Previous Employer:

Employer Address: _____ City: _____ State/Province: _____ Zip/Postal Code _____

Supervisor's Name: _____ Telephone No: _____

Your Title: _____ Dates Employed - From: ___/___/___ To: ___/___/___

Job Duties (attach additional sheets if necessary):

Previous Employer:

Employer Address: _____ City: _____ State/Province: _____ Zip/Postal Code _____

Supervisor's Name: _____ Telephone No: _____

Your Title: _____ Dates Employed - From: ___/___/___ To: ___/___/___

Job Duties (attach additional sheets if necessary):

SECTION 5: FEES

A fee of \$125 (US) is required prior to sitting for the CMIP certification. A fee of \$50 is required for re-taking the test. Please complete the CMIP Payment Form and return with this Application.

SECTION 6: CERTIFICATION

I certify that the information shown on this application and any attached sheet is true and accurate to the best of my knowledge.

Applicant Signature: _____

Printed Applicant Name: _____

Please complete, MAIL or FAX Application & Payment Forms to:
NAWMA, PO Box 687, Meade, KS 67864
UPS or Overnight Address: 300 Walnut., Meade, KS 67864
Phone (620) 873-8730 • Fax (620) 873-8733

CMIP Payment Form

Certified Manager of Invasive Plants (CMIP)

Application and Re-Test Fees

The applicant shall forward to NAWMA the completed Certification Application Form, Payment Form, and required fees by the deadlines established by NAWMA. Application fee **MUST** accompany the completed Certification Application Form. The application fee for personnel applying for certification as a CMIP is \$125 (US).

Receipt of the appropriate application fee and an approved Certification Application Form entitles the applicant to sit for the examination. If a qualified applicant fails the exam, there is a \$50 (US) re-test fee for each subsequent exam.

Renewal Fee:

The CMIP certification shall be valid for a 36-month period beginning on January 1 of the year immediately following the year in which the successful candidate sat for the examination.

A re-certification will be issued for a new 36-month period after the receipt of a \$50 (US) fee and the approval of the continuing education reported.

Name _____ Date _____

Title _____ Phone (____) _____

Company/Agency _____

Address _____

City _____ State/Province _____ Country _____

Zip/Postal Code _____ County/District _____

CMIP First Time Testing Fee **\$125 (U.S.)** _____

CMIP Re-Test Fee (If Required) **\$ 50 (U.S.)** _____

- My check payable to North American Weed Management Assn. (NAWMA) is enclosed.**
- Please invoice me at the above address.**
- VISA or MASTERCARD (Please Print Clearly)**

Credit Card Number -

Expiration Date -

Signature: _____

Print Name: _____

Fax Number: _____

Fax or Mail this CMIP Payment Form with your completed Application Form to (620) 873-8733 or mail with payment or instructions for invoicing to:
NAWMA
PO Box 687, Meade, KS 67864
 NAWMA is a Non-Profit Organization -- Federal ID #47-0760207

Office Use Only

Paid _____

Inv. _____

Inv. Paid _____

Data Base _____