



Certified Forester® Application

<i>Office Use Only</i>
No. _____
Action _____
Date _____

1. Applicant's Name and Address *(Please print or type.)*

Dr. Mr. Ms. Last name _____ First _____ Middle _____
 Address _____

 City _____ State _____ Zip _____ Country _____
 Daytime phone _____ Fax _____ E-mail _____

Are you a member of the Society of American Foresters? Yes (membership no.) _____ No

2. Statistical Data

(The following voluntary information is confidential. It will be used for statistical purposes. The information will not be used or considered in connection with any decision regarding certification.)

- | | | | |
|---|---|---|--|
| <p>A. Current employer/status</p> <input type="checkbox"/> College or University
<input type="checkbox"/> Federal Government
<input type="checkbox"/> State/Local Government
<input type="checkbox"/> Private Industry
<input type="checkbox"/> Consultant
<input type="checkbox"/> TIMO/REIT | <input type="checkbox"/> Non-for-Profit/NGO
<input type="checkbox"/> Retired
<input type="checkbox"/> Student
<input type="checkbox"/> Other Employed

<p>B. Birth date</p> _____/_____/_____ | <p>C. Current position</p> <input type="checkbox"/> Management/Administration
<input type="checkbox"/> Staff Specialist
<input type="checkbox"/> Field Forestry
<input type="checkbox"/> Owner
<input type="checkbox"/> Researcher/Educator
<input type="checkbox"/> Resource Manager
<input type="checkbox"/> Student
<input type="checkbox"/> Retired
<input type="checkbox"/> Other | <p>D. Ethnic background</p> <input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Black/ African American
<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Asian
<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to say |
|---|---|---|--|

3. Fees*

Initial application† (US funds): SAF Member - \$260 Nonmember - \$335
 Check (Make check payable to SAF Certified Forester program) Mastercard Visa AmEx
 Exp. date _____ Card # _____ Verification Code _____
 Signature _____

4. Name to be printed on certificate

5. Please list name and address of your immediate supervisor

(We will send this individual a confirmation notice of your CF credential.)

Name _____ Company/Agency _____
 Address _____
 City _____ State _____ Zip _____

* Does not include annual and recertification fees.

† The initial application fee includes a one-time CF exam; one-time online practice exam; and one copy of the *CF Study Guide*.

9. Professional Experience

Please see pages 9-10 in the *CF Handbook* for complete criteria and samples of submission information.

All applicants must provide accompanying information, a résumé, which demonstrates that professional experience adequately satisfies two of the following four categories. See examples posted on the SAF website at www.certifiedforester.org. The résumé must clearly list for each full-time position:

- beginning and ending month and year
- job title(s) and employer(s)
- synopsis of job activities and responsibilities

Areas of Work and Representative Tasks

Adequate Proficiency is Demonstrated by Satisfying the Requirements of at Least 2 of the 4 Categories Below.

I. Resource Assessment

- Collect preliminary data for a parcel of forest land (e.g., soils) cover types, access, stream and riparian areas, and legal and regulatory environment) using both on-the-ground and external data collection methods to identify the inventory strategy required for the property and to determine general condition, land capabilities, and management options.
- Inventory selected resources to establish management direction and to facilitate achieving the stated objectives using accepted quantitative and/or qualitative methods.
- Inventory forest condition (e.g., weeds, insect, disease surveys, fuel loading, and damage) using accepted survey methods in order to establish the basis for decision-making.
- Delineate property boundaries using appropriate methods and licensed surveyors when required in order to determine the scope of the area to be managed.
- Perform a resource supply-and-demand assessment for a discrete geographical area to determine availability and market conditions.
- Determine potential productivity of the land base for identified resources using accepted procedures in order to evaluate management options.

II. Stakeholder Analysis and Relations

- Identify potential stakeholders using relevant sources (e.g., landowner consultation, regulatory bodies, ownership records, lease documents, regionally important resource professionals and/or groups) to discern the level of their involvement in developing a strategy or management plan.
- Evaluate the relative importance of each stakeholder's position to determine its level of impact on management planning and implementation, using legal and objective criteria.
- Solicit input as appropriate by engaging stakeholders to incorporate their concerns effectively in management planning and implementation.
- Review management options and their implications through consultation to assist the landowner in establishing objectives.
- Advocate the importance of science-based forest policies, laws, and practices using appropriate channels of communication and influence to ensure the long-term capacity of the land to provide the variety of goods and services required by society.

III. Management Planning

- Confirm land ownership using legal records to assure authority to make management decisions.
- Describe the management goals determined in the stakeholder analysis in order to establish priorities and direction for management.
- Describe the existing resource condition using the resource assessment to provide a basis for developing science-based management options.
- Develop management options by evaluating economic and operational factors to meet owner objectives.
- Establish management options using stakeholder input, existing laws and regulations, and the resource assessment in order to select the preferred option to meet owner objectives and address foreseeable conflicts.
- Identify applicable standards, regulations, and practices by reviewing appropriate federal, state, and local laws, regulations, and voluntary practices to develop compliance strategies.
- Describe operational methods and techniques by formulating the silvicultural system and associated practices as appropriate to achieve the established owner objectives.
- Establish monitoring and adjustment strategies in order to ensure that owner objectives are met and conflicts mitigated by defining applicable procedures.

IV. Execution of Management Plan

- Implement the management plan using specified activities (e.g., surveying, harvesting, reforestation, site preparation, hazard reduction, road building) and in compliance with applicable laws, regulations, and voluntary practice standards in order to meet the owner objectives.
- Develop a budget by estimating costs and revenues for specified activities in order to fund the management plan.
- Prepare contracts or work plans by developing and negotiating detailed specifications in order to implement the management plans.
- Administer contracts or work plans to ensure monitoring and enforcing specifications meet management plan objectives.
- Monitor activities by measuring specified variables and indicators in order to ensure that the goals of the management plan are met.
- Identify changes as they occur by monitoring indicators in order to adapt the management plan.

Are you requesting experience credit for completion of Masters or Doctorate degree?

Yes No

If yes, please complete the following chart. Complete criteria can be found on pages 9 of the *CF Handbook*.

Institution Name	Degree (MS/MF, PhD)	Major	Date	Office Use

10. Standards of Professional Practice Questionnaire

This section must be completed for SAF review of your application. Review and complete the following eligibility questionnaire. Please attach a thorough response to any question to which you answer YES. See Standards of Professional Practice on the last page of application..

1. Have you ever been subject to a disciplinary action relating to forestry services, public health or safety, or forester credential/state registration or licensing by:

(i) A state, private, or professional forestry organization?

Yes No

(ii) A governmental body including a regulatory or licensing authority?

Yes No

2. Are you currently charged with or have you ever been convicted or found guilty of, or pleaded *nolo contendere* to, any felony directly relating to forestry practice and/or public health and safety or any misdemeanor directly relating to forestry practice?

Yes No

11. Certified Forester Certification Agreement

For and in consideration of the application fees submitted herein and the mutual covenants contained herein, the Society of American Foresters (SAF) agrees that the undersigned applicant, upon receiving written notice of obtaining SAF Certified Forester eligibility status, shall be eligible to register for and take the CF written examination, and to become a CF upon passage of the examination, as described in the Certified Forester Certification Handbook. The applicant further agrees that he/she understands the provisions of CF eligibility, examination, certification, and recertification.

The applicant hereby certifies that all information contained in the application for certification is true and accurate and agrees to denial, revocation, or suspension of certification if any statement made on the application or hereafter supplied to SAF is false or inaccurate or if the applicant fails to adhere to any requirements, as they are currently written and as they may be amended from time to time, of the SAF certification program. It is the responsibility of the individual applicant to remain in compliance with all requirements, as they are currently written and as they may be amended from time to time, for certification, including submission of annual or other fees and submission of a recertification application. Applicant expressly agrees that compliance with the requirements of the certification program is a continuing obligation and that it is the applicant's sole responsibility to demonstrate compliance with all applicable requirements, as may be amended from time to time.

Applicant authorizes SAF and its officers, directors, staff, Certification Review Board, volunteers, and agents to review applicant's application to take the written exam and to determine the eligibility of applicant for certification. The applicant/CF agrees to cooperate promptly and fully in any review of eligibility or certification status, including submitting such documents and information deemed necessary to confirm the information in the application. The applicant authorizes SAF to communicate any and all information relating to the applicant's CF's status, including but not limited to the pendency or outcome of disciplinary proceedings, to state and federal authorities, and others.

Applicant and SAF further agree that certification under this program is for an initial term of three years and may be renewed for additional terms upon: (1) accumulation of the required sixty (60) Continuing Forestry Education contact hours in accordance with SAF's Continuing Education Requirements for Recertification; (2) payment of applicable renewal and recertification fees, as provided in the program; (3) submission of and execution of applicable recertification forms; (4) compliance with the CF Standards of Professional Practice; and (5) the fulfillment of such other requirements as may from time to time be required by the SAF under the program.

Applicant understands and agrees that the SAF Certified Forester program is fully separate from SAF membership, and agrees that certification under this program does not create in the certified party any SAF membership rights or any rights in any other SAF program including but not limited to the rights to use any other SAF mark. The applicant also agrees that he/she will immediately cease any use of any SAF Certified Forester mark or other reference to the SAF certification program upon notice from SAF that his/her certification status has been revoked, suspended, or expired.

Applicant understands and agrees that certification is personal and may not be transferred or assigned to any other individual or entity. Applicant agrees that his/her use of the certification and related mark shall be in accordance with SAF certification procedures and guidelines, as they are currently written and as they may be amended from time to time.

Applicant agrees that he/she may seek admission to take the CF written exam only for the purpose of seeking CF certification and for no other purpose. Because of the confidential nature of the CF exam, applicant agrees not to take any examination materials from the test site, reproduce the examination materials, or transmit examination questions or answers in any form to any other person.

Applicant waives all claims against and hereby indemnifies and holds harmless SAF, its directors, officers, staff, Certification Review Board, volunteers, agents, and employers from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, for actions of SAF arising out of applicant's application for or participation in the SAF Certified Forester program and use of the SAF certification mark or other reference to the SAF Certified Forester program, including but not limited to any claims of negligence; provided, however, that applicant does not waive any claims against or indemnify or hold harmless SAF for any intentional acts by SAF, its directors, officers, staff, Certification Review Board, volunteers, agents.

I understand this application is for Certified Forester status, that I must pass a written exam to become a CF, that certification is for a three-year period, and that I must complete 60 hours of continuing education courses during the three-year period to be recertified, as described and defined in the CF Handbook.

I have read the Objectives, Requirements, and Procedures and I am in full compliance with all SAF certification requirements, including but not limited to the CF Standards of Professional Practice. Further, upon passing the examination and achieving Certified Forester Status, I agree to comply with all Certified Forester requirements and procedures.

Signature _____ Date _____

Check List

Applicants should:

- Attach Official Transcript(s) for all earned degrees, photocopies *will not* be accepted
- Attach course descriptions or syllabi, if needed
- Attach a complete résumé with
 - o beginning and ending month and year
 - o job title(s) and employer(s)
 - o detailed information on job responsibilities
- Sign and Date the application



Certified Forester™

A program of the Society of American Foresters

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(301) 897-8720
Fax: (301) 897-3690

CF@safnet.org
www.certifiedforester.org

Certified Forester™ Standards of Professional Practice

Every Certified Forester (CF®) and applicant for Certified Forester status agrees to:

1. Make every effort to periodically review and follow all applicable state and federal regulations governing environmental quality and, specifically, the stewardship and management of forest resources;
2. Make every effort to recognize and inform prospective clients or employers of the responsibility to conserve forest resources and to maintain environmental quality in management recommendations;
3. Refrain from providing a professional opinion or recommendation for an area of expertise for which the individual is not qualified by either academic preparation or experience and to refer clients or employers to other natural resource professionals when the expertise of such individuals shall best serve the interests of the public, the forestry profession, and the client/employer;
4. Use only truthful and clear statements in any advertising or statement of qualifications;
5. Refrain from misrepresenting CF certification, or one's individual CF status, including the misuse of application status, trademark, certificate, or other related credentials;
6. Refrain from any misrepresentation on an application; willful submission of incorrect information in recertification; or failure to include relevant information in any communication to the Certification Review Board or SAF National Office; and to
7. Pay all required fees, as set forth in the certification requirements.

Further, every CF and CF applicant agrees that violation of the standards listed above may be a basis for adverse action, including denial or revocation of certification or recertification in accordance with Certification Review Board (CRB) Administrative Rules, and that:

8. Certification may be suspended, and may be revoked pending review by the CRB, following final action resulting in revocation or suspension of a CF's state forestry registration or licensing credential, or related professional credential or professional membership;
9. A conviction of, plea of guilty to, or plea of nolo contendere to a felony related to forestry practices or to public health or welfare or a misdemeanor that relates directly to forestry practices, may be grounds for denial, revocation, or suspension of certification; and that
10. The CF shall report any revocation, suspension, conviction, or plea as described above to SAF within thirty (30) days of the final action. An individual convicted of such a felony or misdemeanor may be ineligible to apply for certification or recertification for a period of three (3) years from the exhaustion of appeals, probation, parole, or final release from confinement (if any) whichever is later.

Adopted by SAF Council 1994. Document revised April 2003 and September 2005

The mission of the Society of American Foresters is to advance the science, education, technology, and practice of forestry; to enhance the competency of its members; to establish professional excellence; and to use the knowledge, skills, and conservation ethic of the profession to ensure the continued health and use of forest ecosystems and the present and future availability of forest resources to benefit society.