

THE MARYLAND NUTRIENT MANAGEMENT PROGRAM ANNOUNCES:
“The Nutrient Management Certification Examination”
February 10, 2022 • 9:00 a.m. – 11:00 a.m. • Annapolis, Maryland

THE EXAM

The Nutrient Management Certification Examination will be offered on **Thursday, February 10, 2022**. 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. Individuals who make nutrient recommendations for lawn-care companies, nurseries and public grounds are also encouraged to take the exam.

DATE/TIME: February 10, 2022 / 9:00 a.m. – 11:00 a.m. LOCATION

1. Maryland Department of Agriculture

Lower-Level Conference Room
50 Harry S. Truman Parkway
Annapolis, MD 21401

CERTIFICATION FEE

A \$50 non-refundable certification fee. Make checks payable to “Maryland Department of Agriculture.” Please do not send cash.

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

HOW TO APPLY

You must apply to sit for the certification exam. **Complete the application and mail the completed application and certification fee** to the Maryland Department of Agriculture’s address on the application. For Questions about the exam or application please email kendra.mcafee@maryland.gov or call 443-223-0403.

The deadline to submit a completed exam application is January 31st, 2022.

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.

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. **NOTE: Photo I.D. required to enter the building.**



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 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.



APPLICATION FOR AGRICULTURAL NUTRIENT MANAGEMENT CERTIFICATION

Email completed form to kendra.mcafee@maryland.gov no later January 31, 2022

MARYLAND DEPARTMENT OF AGRICULTURE
NUTRIENT MANAGEMENT PROGRAM
50 HARRY S. TRUMAN PARKWAY, ROOM 201
ANNAPOLIS, MARYLAND 21401
PHONE 410-841-5959

Table with 2 columns: Label (Date Appl. Rec'd, Check Number Date, Appl. Approved, Cert. Number, Exam Date) and Input field.

1. NAME AND HOME ADDRESS

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

2. EMPLOYMENT / BUSINESS INFORMATION

A. Current Employment

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

Nature of Work (Check all that apply): Farming, Commercial Fertilizer, Crop Advisory Services, Sewage Sludge, Government Agency (Specify)

B. Previous Employment

Name, Address, City, State, Zip Code, Employed From, To, 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 _____

<p>FOR OFFICIAL USE ONLY <input type="checkbox"/>Approved <input type="checkbox"/>Denied</p> <p>Reviewed By _____ Date _____</p> <p>Comments _____</p>

PCA: 56101 OBJ: 5820 CL: 080621

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