



NATIONAL ALLIANCE OF INDEPENDENT  
CROP CONSULTANTS

**APPLICATION FOR CONTRACT RESEARCHER  
CERTIFICATION**

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(O) \_\_\_\_\_ (H) \_\_\_\_\_ (FAX) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**NAICC MEMBERSHIP STATUS:**

Are you a current member of NAICC? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what category of membership? \_\_\_\_\_

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**EDUCATION: *Official transcripts or notarized copies must be submitted.***

Institution Minor(s)	Degree/year granted	Major
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**RESEARCH EXPERIENCE: *See Eligibility Requirements for definition of experience.***

Date recent first)	Company/Employer Address	Experience/Responsibilities (List most
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**LICENSE:**

Category 10 License: # \_\_\_\_\_ State Issuing: \_\_\_\_\_  
Other Research & Development  
License/Certification: # \_\_\_\_\_ State/Province Issuing: \_\_\_\_\_

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**CONTINUING EDUCATION REQUIREMENTS:** *Thirty-six (36) CEUs are required each year and are to be reported at renewal time. Please see enclosure for instructions and qualifying activities. Forms are provided for documentation purposes.*

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**CLIENT REFERENCES:** *List five sponsor references-a minimum of three must respond*  
**(Will be kept confidential)**

Name	Company	Address	City/State/Zip
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**PESTICIDE SAFETY TRAINING:** *Please describe pesticide safety training you have completed. Include copies of documentation certifying training courses completed.*

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**AUTHORIZATION AND SIGNATURE:**

I certify that the information I have submitted in this application is true to the best of my knowledge. I authorize NAICC to contact the persons listed in order to verify the education and work experience I have submitted in this application.

**With my signature I attest that I agree to the items above and will abide by the NAICC Code of Ethics.**

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Signature

Date

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**CERTIFICATION FEE:**

The initial certification fee for NAICC members is \$160.00. The non-member fee is \$280.00. Please enclose a check payable to NAICC with this application and return to:

National Alliance of Independent Crop Consultants

ATTN.: Certification Program  
349 East Nolley Drive  
Collierville, TN 38017  
Phone: 901/861-0511

Certification is renewable each calendar year. An invoice for \$40.00 for NAICC members and \$90.00 for non-members will be mailed to you.

**CERTIFIED PROFESSIONAL CONTRACT RESEARCHER  
ELIGIBILITY REQUIREMENTS**

Individuals meeting the standards of professional certification, established by the NAICC Certification Board, are qualified to apply for certification. Applicable standards are the following:

**Education:** B.S. or B.A. in Agriculture, Pest Management, or Biology. A person with a non-agricultural related four year degree and ten (10) years of consulting experience, may petition the Certification Board.

**Experience:** An applicant must have a minimum of six (6) years' research experience, unless the applicant has a master's degree in Agriculture, Pest Management, or Biology whereon the experience requirement is five (5) years or a doctorate degree, whereupon the experience is four (4) years as a contract researcher. Two or more years of research experience as an assistant to a field researcher may substitute for no more than one year of research experience.

**License:** An applicant must hold a valid Category 10 private applicators state license or its research and demonstration certification equivalent.

**Continuing Education Units:** Thirty-six (36) CEUs are required each year and are to be reported at renewal time. Please see insert for instructions and qualifying activities.

**References:** Applicant must submit names of five sponsors as references. A short questionnaire will be mailed to each reference and three must respond favorably. All responses are confidential and will not be made available to the applicant.

**Pesticide Safety Training:** Applicant must document all pesticide safety training equivalent to the requirements set forth in the Worker Protection Standard. Please include copies of documentation certifying training courses completed if applicable.

**Code of Ethics:** Applicants must agree to adhere to the NAICC Code of Ethics.  
*Copies of the NAICC Code of Ethics are enclosed.*



**NAICC**

National Alliance of Independent Crop Consultants

349 East Nolley Drive

Collierville, TN 38017

901/861-0511 • 901/861-0512 (fax)

[JonesNAICC@aol.com](mailto:JonesNAICC@aol.com)

[www.naicc.org](http://www.naicc.org)