***4R Nutrient Stewardship Certification Program***

**AUDITOR APPLICATION FORM**

Please fill out this form and send with resume and Conflict of Interest Declaration to:

***Attention****:* 4R Nutrient Stewardship Certification Program

***Email****:* [aallman@oaba.net](mailto:aallman@oaba.net)

***Mail****:* Ohio AgriBusiness Association, 5151 Reed Rd. Suite 126-C, Columbus, OH 43220

**Questions?** Contact Andrew Allman, Executive Director of the Nutrient Stewardship Council, by phone at

(614) 326-7520 ext. 1 or by email at [aallman@oaba.net](mailto:aallman@oaba.net) and/or visit <www.4Rcertified.org>.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | | | | | |
| Name |  | | | | | | |
| Address |  | | | | | | |
| Phone Number | Cell: | | | Office: | | | Other: |
| Email |  | | | | | | |
| **EDUCATION** | | | | | | | |
| *Please indicate the highest level of education that you have attended:*  High school diploma  2-year college  4-year college  Graduate school  Other: | | | | | | | |
| **High School** | | | | | | | |
| Name: | | | | | Location (city and state): City, State | | |
| Attended from: MM/YYYY to: MM/YYYY | | | | | Did you graduate?  Yes  No | | |
| **College** | | | | | | | |
| Name: | | | | | Location (city and state): City, State | | |
| Attended from: MM/YYYY to: MM/YYYY | | | | | Did you graduate?  Yes  No | | |
| Degree type and subject (e.g., Bachelor of Science (BS) in Agronomy): | | | | | | | |
| **Graduate School** | | | | | | | |
| Name: | | | | | Location (city and state): City, State | | |
| Attended from: MM/YYYY to: MM/YYYY | | | | | Did you graduate?  Yes  No | | |
| Degree type and subject (e.g., Master of Arts in Education): | | | | | | | |
| **Other** | | | | | | | |
| Name: | | | | | Location (city and state): City, State | | |
| Attended from: MM/YYYY to: MM/YYYY | | | | | Did you graduate?  Yes  No  NA | | |
| Description: | | | | | | | |
| **Relevant Trainings (e.g., Certified Crop Adviser, nutrient management, ISO 9001, other professional certifications, etc.)** | | | | | | | |
| *Please include below any relevant trainings that you believe contribute to your ability to be a 4R Auditor:* | | | | | | | |
| **Training Title/Description** | | | | | **Dates Attended** | | |
|  | | | | | DD/MM/YYYY to: DD/MM/YYYY | | |
|  | | | | | DD/MM/YYYY to: DD/MM/YYYY | | |
|  | | | | | DD/MM/YYYY to: DD/MM/YYYY | | |
|  | | | | | DD/MM/YYYY to: DD/MM/YYYY | | |
|  | | | | | DD/MM/YYYY to: DD/MM/YYYY | | |
| Other (if more than 5): | | | | | | | |
| **EXPERIENCE** | | | | | | | |
| *Please list below all employers from the past 5 years:* | | | | | | | |
| **Employer 1** | | | | | | | |
| Name of Employer: | | | | | Job title: | | |
| Employed from: MM/YYYY to: MM/YYYY | | | | | Reason for leaving (if applicable): | | |
| **Employer 2** | | | | | | | |
| Name of Employer: | | | | | Job title: | | |
| Employed from: MM/YYYY to: MM/YYYY | | | | | Reason for leaving: | | |
| **Employer 3** | | | | | | | |
| Name of Employer: | | | | | Job title: | | |
| Employed from: MM/YYYY to: MM/YYYY | | | | | Reason for leaving: | | |
| **Employer 4** | | | | | | | |
| Name of Employer: | | | | | Job title: | | |
| Employed from: MM/YYYY to: MM/YYYY | | | | | Reason for leaving: | | |
| **Employer 5** | | | | | | | |
| Name of Employer: | | | | | Job title: | | |
| Employed from: MM/YYYY to: MM/YYYY | | | | | Reason for leaving: | | |
| **Additional Questions** | | | | | | | |
| *Do you have experience in Geographic Information Systems (GIS)?* | | | | | | Yes  No | |
| *If yes, please elaborate:* | |  | | | | | |
| *Do you have experience conducting audits?* | | | | | | Yes  No | |
| *If yes, please elaborate:* | |  | | | | | |
| *Do you have experience with 4R Nutrient Stewardship?* | | | | | | Yes  No | |
| *If yes, please elaborate:* | |  | | | | | |
| *Do you have additional relevant experience?* | | | | | | Yes  No | |
| *If yes, please elaborate:* | |  | | | | | |
| **Additional Experience** | | | | | | | |
| *Please describe below any additional experience or information which might add to your capability to act as a 4R auditor (e.g., experience in the agriculture sector outside of official employment, etc.):* | | | | | | | |
|  | | | | | | | |
| **PROFESSIONAL REFERENCES** | | | | | | | |
| *Please list below the names and contact information for three persons that are not related to you* | | | | | | | |
| **Reference 1** | | | | | | | |
| Name: | | | Relation: | | | Phone: (###)-###-#### | |
| Title: | | |  | | | Email: | |
| **Reference 2** | | | | | | | |
| Name: | | | Relation: | | | Phone: (###)-###-#### | |
| Title: | | |  | | | Email: | |
| **Reference 3** | | | | | | | |
| Name: | | | Relation: | | | Phone: (###)-###-#### | |
| Title: | | |  | | | Email: | |

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| **PROGRAM INTEREST AND GEOGRAPHIC PREFERENCES** | | |
| *Please include an explanation of why you are interested in working in the 4R Program:* | | |
|  | | |
| *If approved as 4R auditor in which of the states would you be willing and able to conduct audits?*  Indiana  Ohio  Michigan | | |
| **NUTRIENT STEWARDSHIP COUNCIL APPLICATION REVIEW**  **DO NOT COMPLETE- FOR OFFICE USE ONLY** | | |
| Date Received |  | |
| Date Reviewed |  | |
| Reviewer Name(s) |  | |
| Reviewer Notes |  | |
| Recommended for Interview? | Yes  No | Applicant Notified on: DD/MM/YYYY |

***4R Nutrient Stewardship Certification Program***

**Conflict of Interest Declaration**

Please fill out this form and send with application and resume to:

***Attention****:* 4R Nutrient Stewardship Certification Program

***Email****:* [aallman@oaba.net](mailto:aallman@oaba.net)

***Mail****:* Ohio AgriBusiness Association, 5151 Reed Rd. Suite 126-C, Columbus, OH 43220

**Name**:

**Date**:

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| --- | --- | --- | --- |
| **Section 1: Identification of Potential Conflicts of Interest** | | | |
| In order to be considered for participation as auditors in the 4R Nutrient Stewardship Certification Program, all applicants must declare any potential conflicts of interests for review by the Nutrient Stewardship Council. An applicant may have a conflict of interest if he or she, or a member of his or her immediate family: (1) has been an employee or client of a Nutrient Services Provider (NSP) within the past 5 years; (2) has a commercial interest in the NSP or products of the NSP to be assessed; (3) has acted as a consultant to a NSP in any capacity; (4) has received any gift of other compensation of significant value (value > $50) from an NSP or its agent (5) lives within 25 miles of a NSP branch location. | | | |
| **Section 2: Conflict of Interest Statement** | | | |
| Please detail any potential conflicts of interest that might relate to work in the capacity of an auditor for the 4R Nutrient Stewardship Certification Program:  Are you currently, or have you ever held one of the following designations: Certified Crop Adviser (CCA), USDA‐NRCS Comprehensive Nutrient Management Plan (CNMP) Specialist, other relevant accreditation from the American Society of Agronomy or National Alliance of Independent Crop Consultants? YES NO   1. If so, please identify which one, explain your history with the position, and describe any relationships with NSPs: 2. Please specify the geographic area of your work in your capacity as a Certified Crop Adviser (CCA), or other Certified Professional designation, as elaborated above. | | | |
| **SIGNATURE:** |  | **DATE:** |  |