



ASPRS: The Imaging and Geospatial Information Society
 425 Barlow Place, Suite 210, Bethesda, MD 20814-2144
 phone: 301-493-0290; fax: 301-493-0208; applications@asprs.org, www.asprs.org

Application for:

(Please choose one)

Initial Certification

Recertification

Intern to Full Certification

Application for Recognition as*:

* Check one (1) category only. Separate application forms and fees must be filed for each category of recognition.

Name

Date

Address

Work Phone

Mobile Phone

City

Fax

State

Zip

Email

Country (if not USA)

Are you a current member of ASPRS? Yes No

If yes, what is your member number?

In making this application, I fully understand that it is a voluntary request to the American Society for Photogrammetry and Remote Sensing (ASPRS) to review my background and experience for possible certification in accordance with requirements and criteria established by the Society. I authorize the Society to make inquiries regarding my character and professional qualifications by contacting the references named in this application.

Further, I understand and subscribe to the Code of Ethics of the ASPRS, with knowledge that any false statement or misrepresentation in this application may result in the denial or revocation of certification and the issuance of a complaint in violation of the Code of Ethics.

In consideration of ASPRS' acceptance and processing of this application, I agree to waive any and all claims of liability or responsibility against ASPRS and to indemnify and hold harmless ASPRS, its directors, officers, committee members, employees, agents and representatives against any and all such injury, damages, or claims made by or on behalf of any persons, partnership, association, or corporation. I further acknowledge that ASPRS, its directors, officers, committee members, employees, agents or representatives are not liable to me, or to any other person, partnership, association or corporation, in any way for any injury, damages or claims alleged to be based upon or arising out of the approval or disapproval or the issuance, withdrawal or termination of any certification issued by ASPRS.

Payment in the amount as specified by the current fee schedule listed in the Certification Guidelines is enclosed to cover the initial fee established by the Society.

Upon receipt of completed application, ASPRS will send an invoice to the email provided above. Payment must be received in order for application to be processed. (Application fee is non-refundable)



NOTE: INPUT BOXES WILL EXPAND TO ACCOMMODATE TEXT

1. EDUCATION AND BACKGROUND

A. HIGH SCHOOL
(Name and Location)

Year Graduated Academic Technical Other:

B. HIGHER EDUCATION (if no degree granted, furnish total credit hours earned and in which subjects):

Name of Institution	Dates Attended	Degree Earned	Major or Subjects

C. HIGHER EDUCATION COURSES (beyond those required for Degree(s) above; give date and length of course) (If applying for Geospatial Intern, 2 courses required):

Name of Course	Date	Course Length

D. SPECIAL EDUCATION PROGRAMS (applicable seminars, symposia, workshops, military or other government sponsored schools or training programs):

E. MEMBERSHIP IN ACADEMIC HONOR SOCIETIES AND ACADEMIC HONORS RECEIVED:

F. PUBLICATIONS AUTHORED (submit copies only if required by the ASPRS Evaluation Committee):

G. ADDITIONAL DATA (relating to education and background, e.g., thesis, special research work, etc.):



2. RELEVANT WORK EXPERIENCE *Cells will enlarge to accommodate text. (If applying for Intern, list internships, etc.)*

Date From/To	Position title, name of employer, and description of each work engagement*	Time - Years/Months		Name, address, and telephone number of person who knows your work fully
		Sub-Prof.	Professional	

*This statement must begin with first work assignment or date of graduation from a school, college, or university. Carefully distinguish between sub-professional and professional assignments and describe the degree and extent of responsibility for each engagement. (Refer to Classification Chart for Photogrammetry.) Indicate Civil Service titles, series and grade, if applicable.

3. PROFESSIONAL ASSOCIATION MEMBERSHIP AND ACTIVITIES (list separately the professional associations or societies you belong to, **including ASPRS**, with dates, category [student, regular, associate, etc.] and offices and/or committee assignments held)

Association Name	Dates Active	Membership Category	Offices and/or Committee Assignments

4. REFERENCES Name at least four people, preferably ASPRS members, who are or who have held responsible positions in the geospatial sciences, who have a personal knowledge of your character and professional qualifications:

1. Name
 Email

2. Name
 Email

3. Name
 Email

4. Name
 Email



5. QUESTIONS ON PHOTOGRAMMETRY AND RELATED FIELDS For purposes of this application, photogrammetry includes the related fields of aerial photography, remote sensing, photo interpretation, photogrammetric surveys, geographic and land information systems, lidar, and UAS. Do not respond if applying for intern designation.

Please answer each question in detail:

What professional and technical contributions have you made in Photogrammetry, Remote Sensing, GIS/LIS, Lidar, and/or UAS?

What do you consider to be your qualifications for Certification?

How and why have you used Photogrammetry, Remote Sensing, GIS/LIS, Lidar, and/or UAS in your employment?

Do you consider yourself to be a professional photogrammetrist, mapping scientist or technologist? Why?

What means have you used to keep yourself reasonably current in your knowledge and competence of Photogrammetry, Remote Sensing, GIS/LIS, Lidar, and/or UAS?

What are the most significant elements of the ASPRS Code of Ethics as will be applied by you in your work?

6. TRANSCRIPT

Please email a copy of your transcript to applications@ASPRS.org.

If you have any questions regarding your application, please email applications@ASPRS.org.

