



Indiana Registry of Soil Scientists
 Office of Indiana State Chemist; Purdue University
 175 S. University St, West Lafayette IN 47907-2063
 Phone: 765-494-1492; FAX: 765-494-4331
 www.oisc.purdue.edu/irss



Application for Registration

To become a Registered Professional Soil Scientist in Indiana, one must meet these requirements:

- Agree to follow a Code of Professional Conduct.
- Have B.S. or higher degree and meet the course work requirement listed on the Education Form.
- Pass a Soil Science Fundamentals exam.
- Pass the Indiana Soils and Field Skills exam.
- Have at least three years of work experience as explained on the Experience Form.

To become a Registered Associate Soil Scientist, one must meet all requirements except experience.

Registration fees are \$240.00 for three years, which includes the cost of taking two exams. You may take one or both of the IRSS exams, for \$50.00 per exam, before you complete the rest of the application requirements (check "Exam only" below). Make checks payable to Office of Indiana State chemist. Send all materials requested to the address above.

1. APPLICANT'S INFORMATION

Office information. The information below will be used to prepare your certificate and related documents and a Roster of Indiana Registered Soil Scientists. Notify IRSS of any changes so the Roster lists current information.

Dr. Mr. Ms. Mrs. Miss

Name (First, middle initial, last): _____

Company, agency, or department name: _____

Address: _____ County _____

City: _____ State _____ Zip code _____

Main phone: _____ Other phone: _____ ()E-mail: _____

In () above indicate if the other phone is your home phone(h), fax number(f), or toll-free number (t)

Do you offer consulting services to the public? Yes, No. If Yes, list up to six county names or give a general area of the state in which you will work (maximum of 64 characters). This information will be used in the Roster.

Home information (optional)

Address: _____ Phone: _____

2. KIND OF REGISTRATION REQUESTED (Check box for a, b, or c):

a. Exam only. I wish to take the [IRSS fundamentals exam, IRSS Indiana soils and field skills exam] at a cost of \$50.00 per exam. The cost of these exams can be applied to the cost of full registration.

b. Indiana Registered Associate Soil Scientist or Professional Soil Scientist (initial application).
Submit with this form: Signed Code of Professional Conduct, Education Form and official transcript, Experience Form and a check for \$240.00 less credit for exams passed previously.

Are you currently registered, certified, or licensed by ARCPACS or another state? _____ If yes, did you pass a soil

science fundamentals exam to fulfill the requirements? _____. If yes, please send documentation.

I previously passed the [IRSS fundamentals exam, IRSS Indiana soils and field skills exam]. Deduct \$50.00 for each exam from the \$240.00 fee.

The Board will evaluate your education and experience, and inform you of where you stand relative to the above requirements. Check the website for examination dates.

c. Upgrade registration from Associate Soil Scientist to Professional Soil Scientist

Submit with this form: Experience Form. The Board will determine if you meet the requirements. No additional fees are due during your three year registration period.

3. REFERENCES

List name, professional title, employer, mailing address, and phone number of at least three individuals who are familiar with your work and qualifications, and who have agreed to be contacted by the Board. If you are not self employed, one should be your present employer.

4. SIGNATURE

I certify that the information on this and all accompanying forms is correct. Furthermore, I realize that the Board may suspend, refuse to renew, or revoke my registration or take other actions against me for gross negligence, incompetence, misconduct in the public practice of soil science, violation of the Code of Professional Conduct, or other causes as set forth in IC 25-31.5. I am also aware that I must earn continuing education credits to renew my registration.

Signature: _____ Date: _____