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

Choose designation*: ASPRS Geospatial Intern

** 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 _____

Are you a current member of ASPRS? Yes ◉ No ◯

Country (if not USA) _____ If yes, what is your member number?

*By **signing below** and 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)

Apply digital signature here:

NOTE: INPUT BOXES WILL EXPAND TO ACCOMMODATE TEXT

1. EDUCATION AND BACKGROUND (Only required for initial application)

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 Geospacial 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.)*

This section required for initial applications, recertification applicants use PDH Form.

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

*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 Provide name **and email addresses** 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. (Geospatial Interns are only required to have 1 reference from their academic advisor) **ASPRS will contact your references and obtain your references.**

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: ***NOT REQUIRED FOR RECERTIFICATION***

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 ***NOT REQUIRED FOR RECERTIFICATION***

Please arrange for your undergraduate/graduate transcript to been sent to applications@ASPRS.org or mailed to ASPRS Certification Office at 8550 United Plaza Blvd., Suite 1001, Baton Rouge, LA 70809. This requirement also applies to applicants educated in a foreign country.

7. If your Application is for Recertification please be sure to complete & send in the PDH Form along with the completed application, all in one email. **Click Here to access the PDH Log.**

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

Submit Now

If you have issues with the **Submit Now** button, please save to your computer and forward via email to applications@asprs.org