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**IOIA LIVE ONLINE BASIC CROP INSPECTION**

**TRAINING APPLICATION**

#### Part I: General Information:

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Name:       Telephone No:       Email:

1a. Check the highest academic education Completed (include major(s):

High School  Associate’s Degree  Bachelor’s Degree  Master’s Degree  Doctorate’s Degree

Other Related Educational Experiences Please explain:

b. List major(s):

2a. Are you currently an organic inspector?  Yes  No

b. If yes, how many years and about how many inspections, and what agencies have you inspected for?

c. If no, explain why you want to take the course?

3. Do you plan to become an organic inspector after completing this course?  Yes  No

4. Two Professional references (Name, address, and phone #)

1.

2.

5. If you are not an IOIA Member, List Inspector Trainings Seminars attended, and year (if any)

**Be clear, concise, and complete. Your writing skills are evaluated as part of the acceptance criteria. Your related experience and education will be considered in the selection process. Use additional pages if necessary. We do not expect you to know all the answers but we use these to assess your knowledge base.**

#### Part II: Basic Organic Crop Inspection Training Application:

1. What do you feel are your responsibilities as an organic inspector?

2. Please describe your background in the following areas:

1. Professional/technical background in agricultural production. Please list employment and/or experience, including both organic and conventional agricultural activities.
2. Agricultural seminars attended:
3. Organic and/or environmental activities:

3. What types of organic farming/livestock operations have you inspected, if any?

4. As a candidate for this training, you are expected to have prior knowledge of organic practices. Define the following terms as they relate to organic farm inspection:

1. Audit trail
2. Fertility management
3. Buffer zones
4. Sources of seeds and planting stock
5. Residue Analysis

#### Part III: Skill Level and Training Agreement

**Writing Skill**

Needs Improvement  Average  Excellent

**Verbal Skills**

Needs Improvement  Average  Excellent

**Listening Skills**

Needs Improvement  Average  Excellent

**Computer Literacy Skills**

Needs Improvement  Average  Excellent

**I agree that the information given in this application is true and accurate to the best of my knowledge.**

Yes  No

**This course is taught in English. Are you fluent in reading, writing, and speaking the English language?**

Yes  No

**I understand that successful completion of this course does not guarantee future inspection contracts.**

Yes  No

**I understand that falsely representing my experience and background is grounds for disqualification from IOIA trainings.**

Yes  No

**I understand that it is necessary to achieve a passing score on the course assignments to receive a Certificate of Completion**.

Yes  No

**Part IV:  REGISTRATION PAGE -** (All applicants must complete)

Payment: Upon acceptance to the course, you will be emailed an invoice with a link to a secure pay portal where you can pay with PayPal or most major credit cards. Make checks or money orders out to International Organic Inspectors Association (IOIA) in U.S. funds. Your payment must be received before your acceptance package will be sent to you.

By checking this box  I agree to the terms and conditions set forth by IOIA in this application.

International members without US currency accounts are encouraged to use credit cards for the greatest simplicity in the transaction. All others, please consider paying by check, if equally convenient. (It saves IOIA about 3% if you do not use a credit card. Thank you for considering it.)

**Please email application and résumé to:** [ioiassistant@rangeweb.net](mailto:ioiassistant@rangeweb.net)

If you are in need of any assistance, please contact IOIA via phone: (406) 436-2031

If you are applying to audit the course, please explain on another sheet of paper how the IOIA training will help you and why you would like to participate. The full course fee is due with applications for auditing.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: