

## KANSAS ARBORISTS ASSOCIATION CERTIFICATION

The Kansas Arborists Association has adopted the following philosophy regarding Certification of Arborists in the State of Kansas.

As an association we offer a training course which presents individuals with information, guidance, methods and illustrations utilizing practical experience to enable the enrollees to practice proper arboricultural procedures in their employment or for whatever purpose they desire. In addition, as an organization we also provide a voluntary State Certification program. In certifying arborists, we cannot guarantee that these individuals will practice proper arboricultural procedures. We can only certify that these individuals have been given and provided training with which they should be able to accomplish proper arboricultural practices. Therefore, we feel that only those individuals who are practicing arboricultural tasks for a majority of their business, employment or operations and those who instruct or consult on arboricultural aspects shall be eligible to receive the title of "Certified Kansas Arborists" as long as these individuals maintain their requirements for certification.

Any violations of proper arboricultural procedures by members or certified arborists is a violation of the ethics by which they agreed to abide and shall be subject to the scrutiny of the Board of Directors which could impose decertification if it is deemed necessary. Kansas Arborists Association assumes no liability for the actions of its certified members.

## KANSAS ARBORISTS ASSOCIATION CERTIFICATION REQUIREMENTS AND QUALIFICATIONS

1. **Successful completion of the Arborists Training Course conducted by the Kansas Arborists Association (KAA), or a university course in arboriculture. Other training may be acceptable subject to board approval. ATC Diploma or College Transcript required.**
2. Profess to a Code of Ethics for Certified Arborists by signature of documents
3. Meet one of the requirements for practical experience applying sound and proper arboricultural practices as follows:
  - A. Certified Commercial Arborist - Requires 2 years practicing experience.
  - B. Certified Municipal Arborist - Requires 2 years practicing experience
  - C. Governmental/Education Arborist - Requires 4 years of practical experience applying and promoting sound arboricultural practices.Other combinations of education and experience may be acceptable by action of the KAA Board. Field inspection may be required.
4. Three references, two of which must be current KAA Certified Arborists, one must be in the same category as the one being applied for. Implement formal certification application review.
5. Insurance Requirements: A minimum of \$50,000 Property Damage and \$100,000 Personal Liability Insurance.
  - A. Commercial arborists, those actively practicing tree related services as a business and who are the principal agent for the firm shall be required to supply the KAA with a valid Certification of

Insurance.

- B. Government, Institutional and Educational employees and those employed by Commercial firms but who are not the principal owner shall have an appropriate supervisor write a letter to the KAA verifying the applicants employment and provide the KAA with the firm or organizations current Insurance Provider and valid policy number or a statement of appropriate backing.
6. Payment of annual certification fee (\$15.00/year).
  7. Current and annual membership in the Kansas Arborists Association (\$20.00/year).
  8. Payment of initial processing fee for certification (\$15.00). (This fee will also be charged any Certified Arborists who has failed to renew annual dues and fees by the deadline of April 15).
  9. Recommendation and approval by the KAA Board of Directors.
  10. CEU's requirement. All certified Arborist must attend at least one Association function each year. Approved functions are the Annual Conference or The Summer Field Day.
  11. Certification fee and annual dues are to be paid on or before April 15 each year.

**Please mail to:**

**Kansas Arborists Association  
C/O Charlie Long  
4703 K-177  
Alta Vista, KS 66834**

**APPLICATION FOR CERTIFICATION  
AS A "CERTIFIED KANSAS ARBORISTS"**

(Please Print or Type)

NAME: \_\_\_\_\_

NAME OF FIRM OR EMPLOYER: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ MEMBERSHIP DUES \$20.00

PHONE: (\_\_\_\_) \_\_\_\_\_ home CERTIFICATION DUES \$15.00

(\_\_\_\_) \_\_\_\_\_ work PROCESSING FEE \$15.00

**DO NOT SEND ANY PAYMENT FOR CERTIFICATION AT THIS TIME.** YOU WILL BE BILLED AFTER ACTION IS TAKEN ON YOUR APPLICATION.  
IF YOU HAVE NOT PAID YOUR KAA MEMBERSHIP DUES, YOU MAY ENCLOSE \$20.00. THANK YOU.

**PROOF OF EDUCATION:** Include ATC Diploma or transcript showing completion of course in Arboriculture

**REFERENCES:** (#1 and #2 are for current Certified Arborists)

#1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

I recommend the above named individual for Certification.

(Signature)

#2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

I recommend the above named individual for Certification.

(Signature)

#3 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

I recommend the above named individual for Certification.

\_\_\_\_\_

(Signature)

### CERTIFICATION OF EXPERIENCE

Why do you want to be certified? \_\_\_\_\_

#### JOB EXPERIENCE DOCUMENTATION

1. Present Employer: \_\_\_\_\_  
if self employed, print name of business)  
Position or Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_  
(if applicable) Reason Left: \_\_\_\_\_  
What are your duties? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Other Applicable Experience

2. Employer: \_\_\_\_\_  
Position or Title: \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

What were your duties? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If needed or desired attach additional information for applicable experience.

I, \_\_\_\_\_, hereby certify that I have met the qualifications and requirements for certification as specified in the Application for Certification and in the Bylaws of the Kansas Arborists Association to gain the title of "Certified Kansas Arborists."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DO NOT WRITE IN THIS SPACE**

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Reviewer: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**CERTIFICATION OF INSURANCE**

I \_\_\_\_\_, hereby certify that I am insured in the amount of \$50,000

Please print name

Property Damage and \$100,000 Personal Liability, or ample amount to meet current needs of my work, as specified in the

Bylaws of the Kansas Arborists Association as a requirement for the title "Certified Kansas Arborists."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please provide the following information and include a certificate of insurance.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Agent's Name

\_\_\_\_\_  
Agent's Address

\*Some institutions such as a city, state or other governmental agency, or private organization which employs you as an arborist may cover your liability by their insurance or exemption from liability by law. If so, please give name and address of employer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**CODE OF ETHICS  
FOR  
CERTIFIED ARBORISTS**

The foundation of ethics is a moral philosophy of honesty, justice and courtesy with mutual interest among men. The canons set forth here are an expression of this philosophy. The arborist recognizes these canons, not in passive observance, but as dynamic principles guiding his conduct.

PROFESSIONALISM

1. I will utilize my knowledge and skills as an arborist for the benefit of society. I will cooperate in extending the effectiveness of arboriculture by interchanging information and experience with other arborists, and by contributing to the work of related societies, associations, schools, and publications.
2. I will advertise only in a dignified manner, setting forth in truthful and factual statements the services I am prepared to render for my prospective clients and for the public.

RELATIONS WITH THE PUBLIC

3. I will strive to increase my knowledge of arboriculture and the dissemination of this knowledge, and will discourage and condemn the spreading of untrue, unfair, and exaggerated statements concerning arboriculture.
4. I will not issue statements, criticism, or arguments on public policies related to arboriculture without indicating on whose behalf I am acting.
5. If serving as an expert witness on matters concerning arboriculture, I will base my testimony on known facts and without personal bias.
6. I will not express publicly an opinion on a subject relating to arboriculture unless I am informed of the related facts, and will not distort or withhold data for the purpose of substantiating a point of view.

RELATIONS WITH CLIENTS AND EMPLOYERS

7. I will be loyal to my client or my employer and will faithfully perform my work and assignments.
8. I will give clients complete and fair estimates of work to be done, and upon completion, will furnish a complete accounting of work done and materials applied.

9. I will practice tree topping only as an emergency measure or at the client's insistence after clearly explaining the consequences of such action, and presenting the proper alternative.
10. I will not, without the full knowledge and consent of my client or employer, have an interest in any business which may influence my judgement in regard to the work for which I am engaged.
11. I will engage, or advise my client or employer to engage other experts or specialists in arboriculture and related fields whenever the clients or employees interest would be best served by such actions, and will cooperate freely with them in their work.

RELATIONS WITH FELLOW ARBORISTS

12. I will strive to hold standards of certification for arborists, and will encourage and actively help others achieve these standards.
13. I will not intentionally and without just cause, directly or indirectly, injure the reputation or business of another arborist.
14. I will not compete with another arborist on the basis of charges for work by underbidding through reduction of his quoted fee after being informed of the fee quoted by a competitor.
15. I will not use the advantages of a salaried position to compete unfairly with another arborist.
16. If I have substantiated evidence of unethical or fraudulent conduct concerning another arborist, I will present the information to the Kansas Arborists Association Board of Directors.

I hereby subscribe to the Code of Ethics for Certified Arborists as set forth by the Kansas Arborists Association and promise to uphold them to the best of my ability.

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Signature

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Date

