



United States Department of Agriculture

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## **NRCS Registry**

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## **User Guide TSP Certification**

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Office of the Chief Information Officer  
Natural Resources Conservation Service  
Washington, D.C.

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### 3. NAVIGATING AS A TSP USER

#### 3.1 PROFILE

##### 3.1.1 Overview

The **My Profile tab** is where the TSPs can view and edit their profile information. Upon clicking **My Profile** tab, the user is by default directed to the **Contact Info** subtab. The user will not be able to see the **My Profile tab** until they have submitted an application.

The screenshot shows the user interface for a TSP's profile. At the top left is the USDA logo and the text "United States Department of Agriculture Natural Resources Conservation Service". To the right of the logo is "Technical Service Provider (TSP) Registry". In the top right corner, the user's name "Shreya Ghoshal" and their TSP ID "TSP #: TSP-18-11984" are displayed, along with "TSP Status: Certified" and "Expiration Date: 08/06/20". A navigation bar contains links for HOME, MY PROFILE, MY TSP CERTIFICATION, MY BUSINESS PROFILES, MY EMAILS, RESOURCES, CONTACT US, HELP, and MORE TABS. Below this is a sub-tab navigation bar with "Contact Info" selected, along with other tabs like Education, Work Experience, Training, Licenses/Certification, Knowledge, Planning Tools Proficiency, Sample Plans, References, and Familiarity. A "Print Resume" button is visible. The main content area is a form titled "Do you wish to have your profile displayed on the TSP Registry public site after certification?" with a dropdown menu set to "No". A red note states: "Information to be shared on public site will include business address, email address, and phone number". The form fields include: First Name (Shreya), Last Name (Ghoshal), Suffix (None), Address 1 (29847 Seward Hwy, Seward, AK 99664), Address 2, Country (United States), State (Virginia), City (Chugach National Forest), Zip Code (12334), Email (shreya.ghoshal@creativsyscon.com), Website (test.com), Business Phone ((907) 000-0000), and Cell Phone ((907) 000-0000).

##### 3.1.2 Contact Info

1. Click the **Contact Info** tab.
2. Edit contact information

Do you wish to have your profile displayed on the TSP Registry public site after certification?

No

Information to be shared on public site will include business address, email address, and phone number

First Name\* Shreya Last Name\* Ghoshal Suffix: --None--

Address 1\* 29847 Seward Hwy, Seward, AK 99664 Address 2

Country\* United States State\* Virginia


City\* Chugach National Forest ZipCode\* 12334

Email\* shreya.ghoshal@creativessyscon.com Website test.com

Business Phone\* (907) 000-0000 Cell Phone (907) 000-0000

Decertification Expiration Date 7/12/2021

Save

3. Click  button to save this section

### 3.1.3 Education

1. Click the **Education** tab.
2. A list of education is displayed with the following information.

<a href="#">Contact Info</a>   <a href="#">Education</a>   <a href="#">Work Experience</a>   <a href="#">Training</a>   <a href="#">Licenses/Certification</a>   <a href="#">Knowledge</a>   <a href="#">Planning Tools Proficiency</a>   <a href="#">Sample Plans</a>   <a href="#">References</a>   <a href="#">Familiarity</a>   <a href="#">More tabs ▾</a>								
Print Resume								
ACTION	INSTITUTION	DEGREE	AREA OF STUDY	COMPLETION DATE	CONTINUING EDUCATION UNITS (CEUS) EARNED	CREDITS EARNED	ATTACHMENTS	
Delete Edit	test	Other	abc	11/06/08			Click to view	
Delete Edit	test	Cert	abc	12/07/11			Click to view	
Delete Edit	test	M.S.	abc	12/10/15			Click to view	
Delete Edit	test	M.A.	123	01/05/14			Click to view	
Delete Edit	test	B.S.	123	12/20/16			Click to view	
Delete Edit	test	B.A.	123	12/20/16			Click to view	
Delete Edit	test	A.S.	123	12/20/14			Click to view	

[Add Qualification](#)

3. Click the **Delete** link to delete education listed
4. Click the **Edit** link to edit education listed
5. Click **Click to View** to view education record documentation

Please select Add Qualification to add Education completed through an accredited college/university.

Warning: "Changing education information may impact your certification qualification. Adding new Education experiences will not change an existing certification request."

ACTION	INSTITUTION	DEGREE	DEGREE TITLE	AREA OF STUDY	COMPLETION DATE	CONTINUING EDUCATION UNITS (CEUS) EARNED	CREDITS EARNED	ATTACHMENTS
Delete Edit	Virginia Tech	B.S.	Finance Degree	Soils	04/26/21			Click to view

[Add Qualification](#)

Have Uncompleted Sections? Here's What Information is Needed by Tab:

6. Click  button to add an education.

Institution\*

Degree\*

Area Of Study\*

Completion Date\*

Continuing Education Units (CEUs) Earned

Credits Earned

DOCUMENT UPLOAD OR MAIL IN

Attachments (Maximum File Size: 25MB)

Mail In Documentation?

7. Click  button to save this section

### 3.1.4 Work Experience

1. Click the **Work Experience** tab.
2. A list of work experiences is displayed

USDA United States Department of Agriculture Natural Resources Conservation Service Technical Service Provider (TSP) Registry Shreya Ghoshal TSP #: TSP-18-11984 TSP Status: Certified Expiration Date: 08/06/20

HOME MY PROFILE MY TSP CERTIFICATION MY BUSINESS PROFILES MY EMAILS RESOURCES CONTACT US HELP MORE TABS ▾

Contact Info Education **Work Experience** Training Licenses/Certification Knowledge Planning Tools Proficiency Sample Plans References Familiarity More tabs ▾

ACTION	CURRENT EMPLOYER/ POSITION	COMPANY/ORGANIZATION	POSITION TITLE	POSITION DESCRIPTION	START DATE	END DATE
Delete Edit		Test	Test Shreya- 2	test - Shreya	08/03/18	08/03/20
Delete Edit		Test Shreya	Test Shreya	Test - Shreya (Description)	05/10/12	05/10/17

3. Click the **Delete** link to delete work experience listed
4. Click the **Edit** link to edit work experience listed

ACTION	CURRENT EMPLOYER/ POSITION	COMPANY/ORGANIZATION	POSITION TITLE	POSITION DESCRIPTION	START DATE	END DATE
<a href="#">Delete</a> <a href="#">Edit</a>		Test	Test Shreya- 2	test - Shreya	08/03/18	08/03/20

5. Click  button to add a work experience.

Contact Info Education **Work Experience** Training Licenses/Certification Knowledge Planning Tools Proficiency Sample Plans References Familiarity More tabs ▾

Current Employer/ Position?

Company/ Organization \*

Position Title\*

Position Description\*

Start Date\*

End Date\*


- Click  button to save this section

### 3.1.5 Training

- Click the **Training** tab.
- A list of **Training** is displayed

ACTION	COURSE TITLE	TRAINING HOST ORGANIZATION	SOURCE OF TRAINING	CITY	STATE	COMPLETION DATE	CERTIFICATE
Delete Edit	Test- mail docs -back button	NRCS Classroom	Online			07/23/18	Pending Mail-In
Delete Edit	Test - Story for mail In Docs	AgLearn	Online			07/23/18	Pending Mail-In
Delete Edit	sample	sample	Online			07/17/18	Pending Mail-In
Delete Edit	sample	sample	Online			07/17/18	Pending Mail-In
Delete Edit	sample	AgLearn	Online			07/17/18	Click to view/upload
Delete Edit	12	AgLearn	Online			02/09/17	Click to view/upload

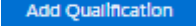
[Add Qualification](#)

- Click the **Delete** link to delete the training listed
- Click the **Edit** link to edit the training listed
- If the Training record is tied to a certified application, the TSP will be able to select  to Upload New Documentation.
- Click **Click to View** to view a training record

Delete Edit	sample	AgLearn	Online			07/17/18	Click to view/upload
-------------	--------	---------	--------	--	--	----------	----------------------

- If the user had mailed- in their documents at the time of adding a training record, the License/Certification Documentation is labelled as "Pending Mail-in"

Delete Edit	Test- mail docs -back button	NRCS Classroom	Online				
-------------	------------------------------	----------------	--------	--	--	--	--

- Click  button to add a training record.


Course Title\*

Training Host Organization\*

Completion Date\*

Source of Training

DOCUMENT UPLOAD OR MAIL IN

 Attachments (required) (Maximum File Size: 25MB) [Upload File](#)

Mail In Documentation?



[Save](#) [Cancel](#)

Source of training field is set to "Online" by default, if "AgLearn" or "S&T Library" is selected

If the "Classroom" is selected as the source of training, enter information for State and City

- If the TSP has any Training Waivers tied to their application they will appear under the "Training Waivers" list

TRAINING WAIVERS		
ACTION	COURSE TITLE	STATUS
	Additional State Required Training	Approved

10. Click  button to save this section
11. Click  button to cancel out of the section. Any information entered will not saved

**i. 3.1.6 Licenses/Certifications**


1. Click the **Licenses/ Certification** tab.
2. A list of **Licenses/ Certifications** is displayed

Please click Add Qualifications to add Licenses and certifications obtained through an accredited organization

ACTION	LICENSING/ CERTIFICATION ORGANIZATION	TITLE OF LICENSE	LICENSE/ CERTIFICATION TYPE	CERTIFICATION/ MEMBERSHIP NUMBER	EXPIRATION DATE	STATES WHERE LICENSED/CERTIFIED	LICENSE/ CERTIFICATION DOCUMENTATION	ENDORSEMENT
Update	State Licensing Agency/Organization	Professional Engineering License for State	Certification		04/29/27	ALL STATES	<a href="#">Click to view</a>	<a href="#">Click to view</a>

[Add Qualification](#)

Have Uncompleted Sections? Here's What Information is Needed by Tab:

3. Click the **Delete** link to delete the training listed
4. Click the **Edit** link to edit the license/certification listed
5. If the License/Certification record is tied to a certified practice, the TSP will only be able to select  to Update the Expiration Date and Upload New Documentation.
6. Click **Click to View** to view a license/certification record

ACTION	LICENSING/ CERTIFICATION ORGANIZATION	TITLE OF LICENSE	LICENSE/ CERTIFICATION TYPE	CERTIFICATION/ MEMBERSHIP NUMBER	EXPIRATION DATE	STATES WHERE LICENSED/CERTIFIED	LICENSE/ CERTIFICATION DOCUMENTATION	ENDORSEMENT
Delete/Edit	Agricultural Drainage Management Coalition	Certificate of Competency In Drainage Water Management	Certification	TFJN789	07/22/19	ALL STATES	<a href="#">Click to view</a>	<a href="#">Click to view</a>

7. Click  button to add a license/certificate.

Licensing/Certification Organization\*

Title of License \*

License/Certification Type\*

Certification/Membership Number

Expiration Date\*

States Where Licensed/Certified\*

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

DOCUMENT UPLOAD OR MAIL IN

License Documentation Files (Required) (Maximum File Size: 25MB)

Upload File

Mail in documentation?

Save Cancel

8. Click  button to save this section
9. Click  button to cancel out of the section. Any information entered will not saved

**3.1.7 Knowledge**

1. Click the **Knowledge** tab.
2. A list of Knowledge is displayed

Profile Section

Previous Tab Next Tab

Contact Info | Licenses/Certification (Records: 3) | Education (Records: 0) | Training (Records: 9) | Work Experience (Records: 0) | Samples of Work (Records: 1) | **Knowledge** | Planning Tools Proficiency | References | Familiarity | More Tabs ▾

These tabs indicate the records which are relevant to the certification method you chose for each of the practice(s) you listed.

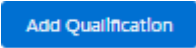
Please click **Add Qualification** to include **Demonstration of Knowledge in specific areas**

ACTION	KNOWLEDGE DESCRIPTION	COMPANY/ORGANIZATION	POSITION TITLE
Delete Edit	Knowledge Description	USDA	Certified Forester

[Add Qualification](#)

Have Uncompleted Sections? Here's What Information is Needed by Tab:

- Education: "Education completed through an accredited college/university"
- Work Experience: "Work history"
- Training: "Formal training completed through an organization"
- Licenses/Certifications: "Licenses and certifications obtained through an accredited organization"
- Samples of Work: "Samples of conservation plans completed for clients"
- References: "Professional or personal references"
- Familiarities: "Demonstration of familiarity with specific NRCS policies, procedures, guidelines and standards"
- Knowledge: "Demonstration of knowledge in specific areas"
- Planning Tool Proficiencies: "Demonstration of proficiency with specific planning tools"
- Languages: "Languages that can be spoken fluently with clients"
- Specialty Areas: "Organic experience, economic experience, or other"

3. Click the **Delete** link to delete the knowledge listed
4. Click the **Edit** link to edit the knowledge listed
5. Click  button to add a Knowledge record



Please complete all required information indicated by a red \* then click save.

Knowledge Description \* (Required)

Company/Organization

Position Title

[Save](#) [Cancel](#)

6. Click  button to save this section
7. Click  button to cancel out of the section. Any information entered will not saved

### 3.1.8 Planning Tool Proficiency

1. Click the **Planning Tool Proficiency** tab.
2. A list of Planning Tool Proficiencies is displayed

Contact Info | Education | Work Experience | Training | Licenses/Certification | Knowledge | **Planning Tools Proficiency** | Sample Plans | References | Familiarity | More Tabs ▾

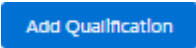
Enter name

ACTION	PROFICIENCY DESCRIPTION	COMPANY/ORGANIZATION	POSITION TITLE
Delete Edit	Test	Test	Test
Delete Edit	Test - Shreya	Test	Test

[Add Qualification](#)

Delete Edit Test - Shreya Test Test

3. Click the **Delete** link to delete the Planning Tool Proficiency listed
4. Click the **Edit** link to edit the Planning Tool Proficiency listed

5. Click  button to add a Planning Tool Proficiency record



Proficiency Description \*

Company/Organization

Position Title

Save Cancel

6. Click **Save** button to save this section
7. Click **Cancel** button to cancel out of the section. Any information entered will not saved

### 3.1.9 Sample of Work

1. Click the **Sample of Work** tab.
2. A list of Sample of Work is displayed

Profile Section

Previous Tab: Contact Info | Licenses/Certification (Records: 1) | Education (Records: 0) | Training (Records: 0) | Work Experience (Records: 0) | Samples of Work (Records: 0) | Knowledge | Planning Tools Proficiency | References | Similarity | More Tabs ▾ | Next Tab

These tabs include the records which are relevant to the certification method you chose for each of the practices you listed.

Please click **Add Qualification** to add Samples of conservation plans completed for clients.

ACTION	SAMPLE OF WORK TITLE	CUSTOMER NAME	FARM NAME	STATE	COUNTY	WORK COMPLETION DATE	PLAN DOCUMENT
Delete Edit	Sample of Work	Sample of Work	Sample of Work Farm	Alabama	Autauga	04/29/21	Click to view

Add Qualification

3. Click the **Delete** link to delete the Sample of Work listed
4. Click the **Edit** link to edit the Sample of Work listed

Delete Edit Test SHREYA GHOSHAL Test Virginia Accomack 08/03/18 Click to view

5. Click **Add Qualification** button to add a Sample of Work record

Plan Title \*

Customer Name\*

Farm Name

State\*

County\*

Plan Completion Date\*

DOCUMENT UPLOAD OR MAIL IN

Note: All Sample Plan Document Uploads must comply with the latest NRCS Standards.

Attachments (required) (Maximum File Size: 25MB) Upload File

Mail In Documentation?

Save Cancel

6. Click **Save** button to save this section
7. Click **Cancel** button to cancel out of the section. Any information entered will not saved

### 3.1.10 References

1. Click the **References** tab.

2. A list of references is displayed

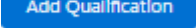
ACTION	NAME	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	EMAIL	PHONE	BRIEF DESCRIPTION
Delete Edit	Shreya Ghoshal	123 test		South Riding	Virginia	20152	test@test.com	(222) 222-2222	test
Delete Edit	Test Data _User Guide	Test Address		Vienna	Virginia	22180	test@creativesyscon.com	(222) 222-2222	321
Delete Edit	Test - Shreya - User Guide	11635 Charter Oak Court	Apartment 201	Reston	Virginia	20190	shreya.ghoshal@rhsmith.umtd.edu	24054313434	123
Delete Edit	Test - Shreya - User Guide - Test 2	1420 Spring Hill Road #590		McLean	Alaska	22102	test@creativesyscon.com	(704) 565-4321	123

Add Qualification

3. Click the **Delete** link to delete the references listed


4. Click the **Edit** link to edit the references listed

Delete Edit	Shreya Ghoshal	123 test		South Riding	Virginia	20152	test@test.com	(222) 222-2222	test
-------------	----------------	----------	--	--------------	----------	-------	---------------	----------------	------

5. Click  button to add a Reference record

Plan Title *	Customer Name*
<input type="text"/>	<input type="text"/>
Farm Name	State*
<input type="text"/>	--None--
County*	Plan Completion Date*
--None--	<input type="text"/>
	[ 8/3/2018 ]

6. Click  button to save this section

7. Click  button to cancel out of the section. Any information entered will not saved

3.1.11 Familiarity

1. Click the **Familiarity** tab.

2. A list of familiarities is displayed

Familiarity with NRCS Policies, Procedures, Guidelines and Standards	Action
123	Edit Delete

Add Qualification

3. Click the **Delete** link to delete the familiarities listed

4. Click the **Edit** link to edit the familiarities listed

Familiarity with NRCS Policies, Procedures, Guidelines and Standards	Action
123	Edit Delete

5. Click  button to add a familiarity record

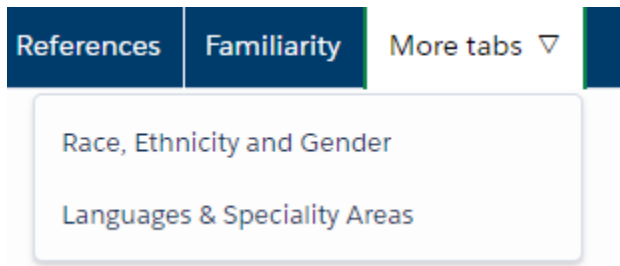
Familiarity with NRCS Policies, Procedures, Guidelines and Standards \*

Save
Cancel

6. Click Save button to save this section
7. Click Cancel button to cancel out of the section. Any information entered will not saved

### 3.1.12 Race Ethnicity and Gender

1. Click on **More Tabs** to access the **Race Ethnicity and Gender** tab



2. Click on **Race Ethnicity and Gender** tab
3. Fill out the Questionnaire

QUESTIONNAIRE

The purpose of this questionnaire is to gather race, ethnicity, and gender information about persons who apply and participate in this USDA program. The information you provide will not be used when reviewing your application or when determining whether you are eligible to participate in this program. This is a voluntary questionnaire. You are not required to give this information, but we hope you will because the information you give will be used to improve the operation of this program, to help USDA design additional opportunities for program participation, and to monitor enforcement of laws that require equal access to this program for eligible persons. If you have previously provided this information to USDA please DO NOT fill out this form. Your information will be kept private to the extent permitted by law. Thank you for your response.

1. What is your name?

2. Legal Residence:

3. What is your gender?

Male
  Female

Please answer BOTH question 4 and question 5 below about ethnicity and race. For this questionnaire, Hispanic or Latino origins are not races.

4. Ethnicity

Hispanic or Latino
  Not Hispanic or Latino

5. What is your race? Mark all that apply.

American Indian or Alaska Native
  Asian
  Black or African American
  Native Hawaiian or Other Pacific Islander
  White

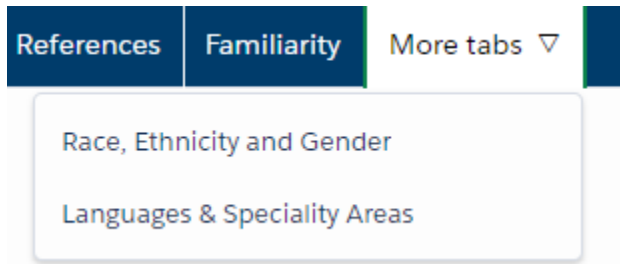
According to the Paperwork Reduction Act of 1995, an agency may not conduct, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0503-0019. The time required to complete this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Save

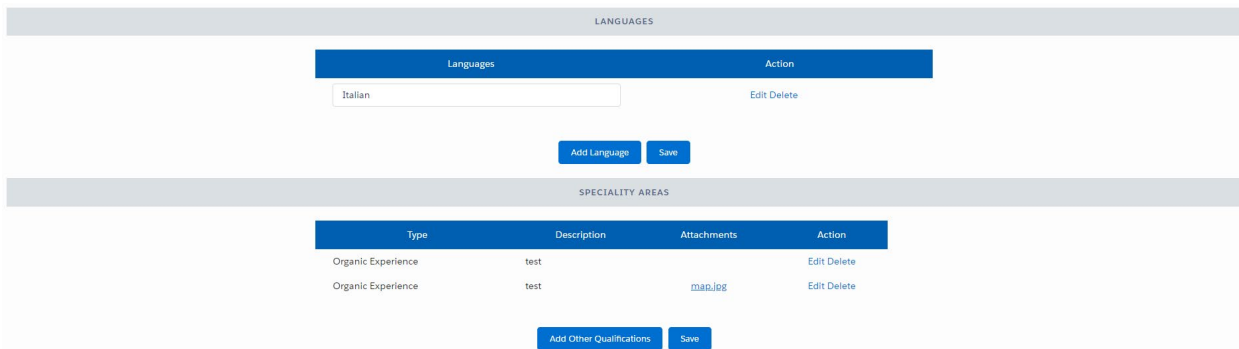
4. Click Save button to save this section

### 3.1.13 Languages and Specialty Areas

1. Click on **More Tabs** to access the **Languages and Specialty Areas** tab



2. Click on **Languages and Specialty Areas** tab
3. A list of languages and specialty areas is displayed



4. Click on **Add Language** to add a language



5. Click **Save** button to save this section
6. Click **Cancel** button to cancel out of the section. Any information entered will not saved
7. Click on **Add Other Qualifications** to add a specialty area




8. Click **Save** button to save this section
9. Click **Cancel** button to cancel out of the section. Any information entered will not saved

### 3.2 CERTIFICATION – NEW APPLICATION

1. On the homepage, click on **Start TSP Application** button. **Note: Once an application is started, it must be submitted (this includes New, Revision, Modification or Renewal applications).**


### 3.2.1 Practice Selection


1. A list of practices is displayed. The user can sort by column by clicking on  icon besides column name


Show 10 entries Search:


<input type="checkbox"/>	PRACTICE NAME	CODE	PRACTICE TYPE	DESCRIPTION	DISCIPLINE	OPTIONS - CRITERIA
<input type="checkbox"/>	Feed Management Plan (108)	108	CAP			<a href="#">View Criteria</a>
<input type="checkbox"/>	CNMP	102	CAP		Test	<a href="#">View Criteria</a>
<input type="checkbox"/>	Forest Management Plan (106)	106	CAP			<a href="#">View Criteria</a>
<input type="checkbox"/>	Grazing Management Plan (110)	110	CAP		test	<a href="#">View Criteria</a>
<input type="checkbox"/>	Nutrient Management Plan (104)	104	CAP			<a href="#">View Criteria</a>
<input type="checkbox"/>	CNMP Plan Approval		ATS			<a href="#">View Criteria</a>
<input type="checkbox"/>	Cultural Resources Studies		ATS			<a href="#">View Criteria</a>
<input type="checkbox"/>	Channel Bed Stabilization (R)	584	Practice		CED-EG	<a href="#">View Criteria</a>
<input type="checkbox"/>	Anionic Polyacrylamide (PAM) Application (ac)	450	Practice		CED-WME	<a href="#">View Criteria</a>
<input type="checkbox"/>	Anaerobic Digester, (no)	366	Practice		CED-EE	<a href="#">View Criteria</a>

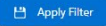

Showing 1 to 10 of 38 entries Previous **1** 2 3 4 Next

2. Enter/Select the optional practice filters and click on  button to view the practices matching the filter criteria

OPTIONAL FILTERS 

Practice Type:  

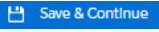
NRCS Discipline:  

3. Select the checkbox besides the practice name to add a practice.

<input type="checkbox"/>	PRACTICE NAME	CODE	PRACTICE TYPE	DESCRIPTION	DISCIPLINE	OPTIONS - CRITERIA
<input checked="" type="checkbox"/>	Feed Management Plan (108)	108	CAP			<a href="#">View Criteria</a>


4. Click on  button to complete adding practices

When  button is clicked, the **Practice Selection** section on the left side panel will display a green checkmark, indicating the section is complete

NEW APPLICATION

⚠ =Not-Met ✔ =Met

APPLICATION STEPS

- ✔ Practice Selection
- Locations
- Qualifications 
- Resume Summary
- Race, Ethnicity and Gender (AD-2106)
- My Agreement

### 3.2.2 Locations

1. For the selected practices, select one or more **states**. Please note, the TSP users Resident State will automatically populate the State field for all selected practices.



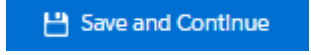
Where do you want to be certified? Please select one or more states each practice below:

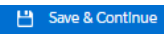
CODE/NAME	TYPE	DESCRIPTION	DISCIPLINE	STATES
CNMP	CAP		Test	+ <input type="text"/> ▼
Channel Bed Stabilization (ft)	Practice		CED-EG	+ <input type="text"/> ▼

2. For the selected states, select one or more **counties** or **“All Counties”**



Please select one or more counties for each state below:

STATE	COUNTIES
Virginia	+ <input type="text"/> All Counties ▼
Pennsylvania	+ <input type="text"/> All Counties ▼




3. Click  button to save this section
4. Click  button to cancel out of the section. Any information entered will not be saved
5. Click  button to save and continue to the Qualifications section

When  button is clicked, the **Locations** section on the left side panel will display a green checkmark, indicating the section is complete

NEW APPLICATION

 =Not-Met
 
 =Met

APPLICATION STEPS

-  Practice Selection
-  Locations
-  Qualifications ▼
- Resume Summary
- Race, Ethnicity and Gender (AD-2106)
- My Agreement

### 3.2.3 TSP Orientation and Conservation Planning

1. Once the Locations have been set, the user is brought to the TSP Orientation and Conservation Planning page and are asked how the course was taken.

TSP ORIENTATION AND CONSERVATION PLANNING

Please indicate how the course was taken: \* (Required)

AgLearn  
 Classroom  
 Paper Course  
 Waived by NRCS

2. Once an option is selected, the user must input a Completion Date and if the Classroom or Paper Course options are selected, the user must fill in a Training Host Organization.

PLEASE UPLOAD YOUR CERTIFICATE OF COMPLETION BELOW

Completion Date\* (Required) [ 5/14/2021 ] Training Host Organization\* (Required) --None--

MM/DD/YYYY

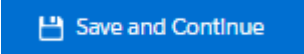
Certificate of Completion (Drop/Select Attachments to automatically upload)\* (Required) (Maximum File Size: 25MB)

Upload Documentation  
or Drop Documentation

Course Name	Completed On	Certificate
TSP Certified Conservation Planner Course		

[View Available Courses](#)

[Save & Continue](#)
[Cancel](#)

3. The user will then Upload a Document into the Certificate of Completion.
4. Click  button to save and continue to the Qualifications section

### 3.2.4 Qualifications

1. The first selected practice is displayed, select the option to add/select qualifications for the practice

QUALIFICATIONS SELECTION

**DELETE PRACTICE**

**106-FOREST MANAGEMENT PLAN**

Option-1: Certification

---

Option-2: Education and Experience

---

Option-3: Experience

Copy Qualifications    Save Practice    Save & Continue

Cancel

2. Click on **DELETE PRACTICE** button to remove a practice. *Note: You cannot remove all practices from this screen. If you need to do so, return to the Practice Selection section and uncheck all checked boxes.*
3. Click on **← Previous Practice** button to go to the previous practice (If not on the first practice)
4. Click on **Next Practice →** button to go to the next practice (If not on the last practice)
5. All Criteria for each option are displayed for current practice. Select the option to view the criteria for the selected option, criteria for all other options are hidden

**DELETE PRACTICE**

**106-FOREST MANAGEMENT PLAN**

✓

**Certification**  
 Certification in at least one of the following: 1) Society of American Foresters (SAF): Certified Forester; (2) Association of Consulting Foresters (ACF): Full Membership; or 3) State Board Certified by the forester credentialing entity in State where applicable.

❗ Please select a qualification or add a new one to satisfy this criterion

Select Qualifications to Satisfy This Criterion

---

**Technical Training**  
 Certify completion of the following NRCS Courses: 1) TSP Orientation and Conservation Planning (AgLearn Course NRCS-NEDC-000191); and 2) Introduction to the Field Office Technical Guide (AgLearn Course NRCS-NEDC-000149).

❗ Please select a qualification or add a new one to satisfy this criterion

Select Qualifications to Satisfy This Criterion

---

**Sample of Work**  
 Submit 1 sample of work for review and approval. Sample of work must demonstrate knowledge and understanding of the Conservation Planning Criteria for this activity, Field Office Technical Guide and National Planning Procedures Handbook.

❗ Please select a qualification or add a new one to satisfy this criterion

Select Qualifications to Satisfy This Criterion

---

**State Law**  
 Submit documentation for any additional licensing, certification, registration, permits, training or other requirement needed for this practice if required by federal, state, local or tribal law or regulation.

❗ Each state you have selected in your application for this practice must have an entry for this criterion. You must either enter and/or select the license or certification that is required by federal, state, local or tribal law or regulation, or add the state name to the list in the "States where licenses are not required" box below.

Please select a qualification or add a new one to satisfy this criterion

Select Qualifications to Satisfy This Criterion

6. For each criterion, click on **Select Qualifications to Satisfy This Criterion** to select one or more from a list of qualifications of the given type that have already been added or add and select a new one



Certification  
 Certification in at least one of the following: 1) Society of American Foresters (SAF): Certified Forester; (2) Association of Consulting Foresters (ACF): Full Membership; or 3) State Board Certified by the forester credentialing entity in State where applicable.

Please select a qualification or add a new one to satisfy this criterion

Select: × License/Certification (1 selection, State Licensing Agency/Organization - Licensed or Registered Forester) OR × License/Certification (1 selection, Society of American Foresters - Certified Forester) OR × License/Certification (1 selection, Association of Consulting Foresters of America, Incorporated - Full Membership)

License/Certification

SELECT QUALIFICATION	LICENSING/CERTIFICATION ORGANIZATION	TITLE OF LICENSE	LICENSE/CERTIFICATION TYPE	CERTIFICATION/MEMBERSHIP NUMBER	EXPIRATION DATE	STATES WHERE LICENSED/CERTIFIED	LICENSE/CERTIFICATION ON DOCUMENTATION	ENDORSEMENT
	State Licensing Agency/Organization	Licensed or Registered Forester	License		07/20/23	Virginia	<a href="#">Click to View</a>	<a href="#">Click to View</a>
	Society of American Foresters	Certified Forester	Certification	2123566	07/13/23	ALL STATES	<a href="#">Click to View</a>	<a href="#">Click to View</a>
	State Licensing Agency/Organization	Professional Engineering License for State	Engineering License	6432512	07/12/23	Virginia	<a href="#">Click to View</a>	<a href="#">Click to View</a>

[Add Qualification](#)

[Finish Selecting Qualifications for this Criterion](#)

Click the icon to add the existing qualification to satisfy the criterion. If an existing license/certification, training, or education qualification meets the criterion requirements, it will be automatically selected.

Click the [Add Qualification](#) button to add a new qualification. If a new qualification is added on this page, it will be automatically selected.

- For each Option there will be a State Law Criteria. For each state that the TSP selected for the practice, a License/ Certification must be selected, or the state must be selected in the dropdown for “States where licenses are not required.”

States where licenses are not required

Done
Select All
Clear

Alabama

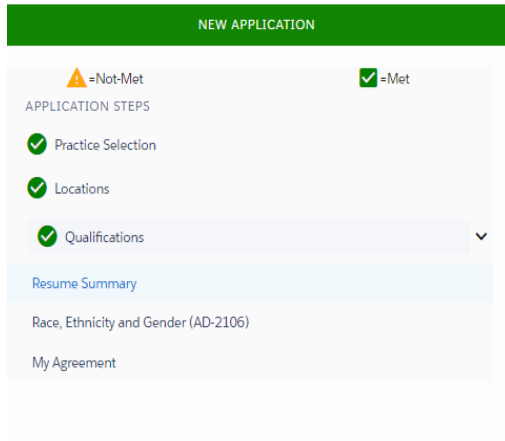
- Once a Criterion is satisfied a user can see icon. If not satisfied, icon is displayed

- Click the [Save Practice](#) button to save this section

- Click [Cancel](#) button to cancel out of the section. Any information entered will not be saved

- Click [Save and Continue](#) button to save and continue to the Resume Summary section. *Note: All practice Qualification selections must be completed before moving on.*

When [Save and Continue](#) button is clicked, the **Qualifications** section on the left side panel will display a green checkmark, indicating the section is complete






### 3.2.5 Resume Summary

1. Select Yes/ No for "Do you wish to have your profile displayed on the TSP Registry public site after certification?" and fill in required fields if any Contact Info is missing.
2. View and update qualifications for each section. *Note: if you have to update a qualification that will be used for practice certification, return to the Qualifications section of the application and select the updated qualification under the relevant practice criterion.*

The screenshot shows a web application interface with a dark blue navigation bar at the top containing the following tabs: Contact Info, Education, Work Experience, Training, Licenses/Certification, Knowledge, Planning Tools Proficiency, Sample Plans, References, Familiarity, and More tabs. Below the navigation bar is a 'Print Resume' button. The main content area is a form titled 'Do you wish to have your profile displayed on the TSP Registry public site after certification?' with a dropdown menu set to 'No'. A red note below the dropdown states: 'Information to be shared on public site will include business address, email address, and phone number'. The form includes the following fields:
 

- First Name\*: Shreya
- Last Name\*: Ghoshal
- Suffix: --None--
- Address 1\*: 29847 Seward Hwy, Seward, AK 99664
- Address 2: (empty)
- Country\*: United States
- State\*: Virginia
- City\*: Chugach National Forest
- ZipCode\*: 12334
- Email\*: shreya.ghoshal@creativesyscon.com
- Website: test.com
- Business Phone\*: (907) 000-0000
- Cell Phone: (907) 000-0000
- Decertification Expiration Date: 7/12/2021

 A blue 'Save' button is located at the bottom right of the form.

3. Click  button to save this section
4. Click  button to cancel out of the section. Any information entered will not be saved
5. Click  button to save and continue to the Race Ethnicity and Gender (AD-2106) section

### 3.2.6 Race Ethnicity and Gender (AD-2106)

1. Optionally, make the selections on the **Race Ethnicity and Gender (AD- 2106)** form

RACE ETHNICITY AND GENDER

AD-2106  
(01-19-12) Approved - OMB No. 0503-0019

U.S. Department of Agriculture  
Form to Assist in Assessment of USDA Compliance With Civil Rights Laws  
QUESTIONNAIRE

The purpose of this questionnaire is to gather race, ethnicity, and gender information about persons who apply and participate in this USDA program. The information you provide will not be used when reviewing your application or when determining whether you are eligible to participate in this program. This is a voluntary questionnaire. You are not required to give this information, but we hope you will because the information you give will be used to improve the operation of this program, to help USDA design additional opportunities for program participation, and to monitor enforcement of laws that require equal access to this program for eligible persons. If you have previously provided this information to USDA please DO NOT fill out this form. Your information will be kept private to the extent permitted by law. Thank you for your response.

1. What is your name?

2. Legal Residence:

3. What is your gender?  Male  Female

Please answer BOTH question 4 and question 5 below about ethnicity and race. For this questionnaire, Hispanic or Latino origins are not races.

4. Ethnicity  Hispanic or Latino  Not Hispanic or Latino

5. What is your race? Mark all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

According to the Paperwork Reduction Act of 1995, an agency may not conduct, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0503-0019. The time required to complete this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

2. Click the Save button to save this section
  3. Click Save and Continue button to save and continue to the My Agreement section
- When Save and Continue button is clicked, the **Race Ethnicity and Gender (AD- 2106)** section on the left side panel will display a green checkmark, indicating the section is complete

NEW APPLICATION

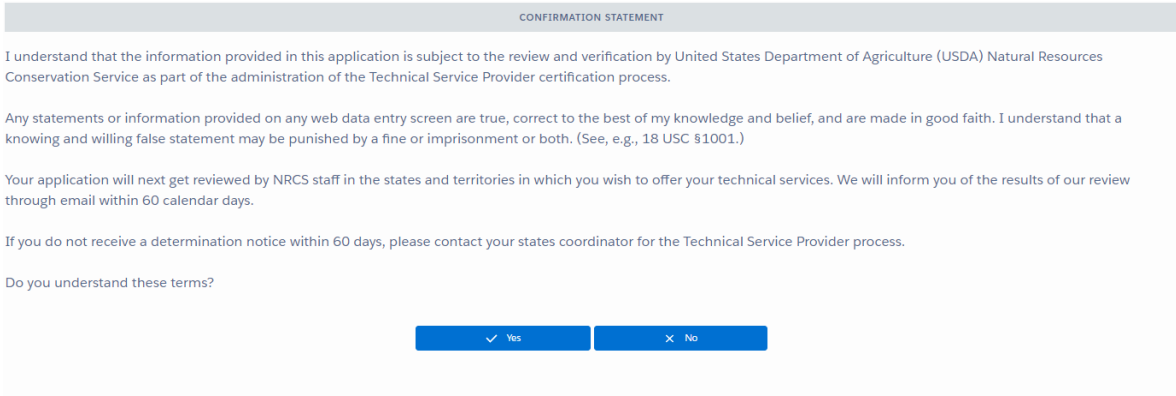
⚠ =Not-Met ✔ =Met

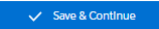

APPLICATION STEPS

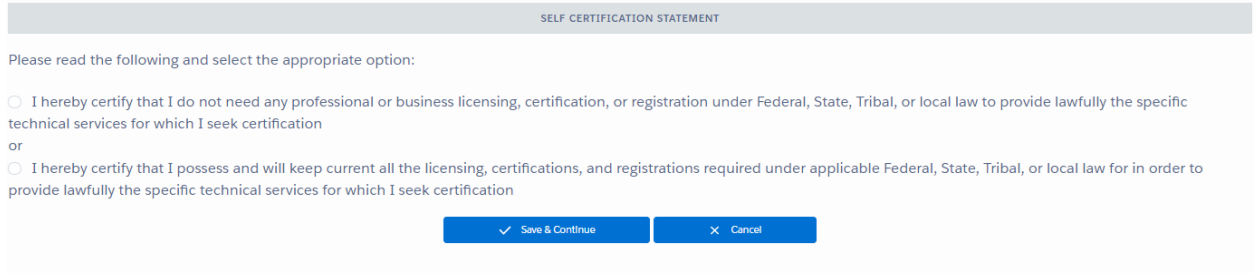
- ✔ Practice Selection
- ✔ Locations
- ✔ Qualifications ▼
- Resume Summary
- ✔ Race, Ethnicity and Gender (AD-2106)
- My Agreement

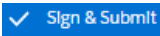
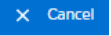
### 3.2.7 My Agreement

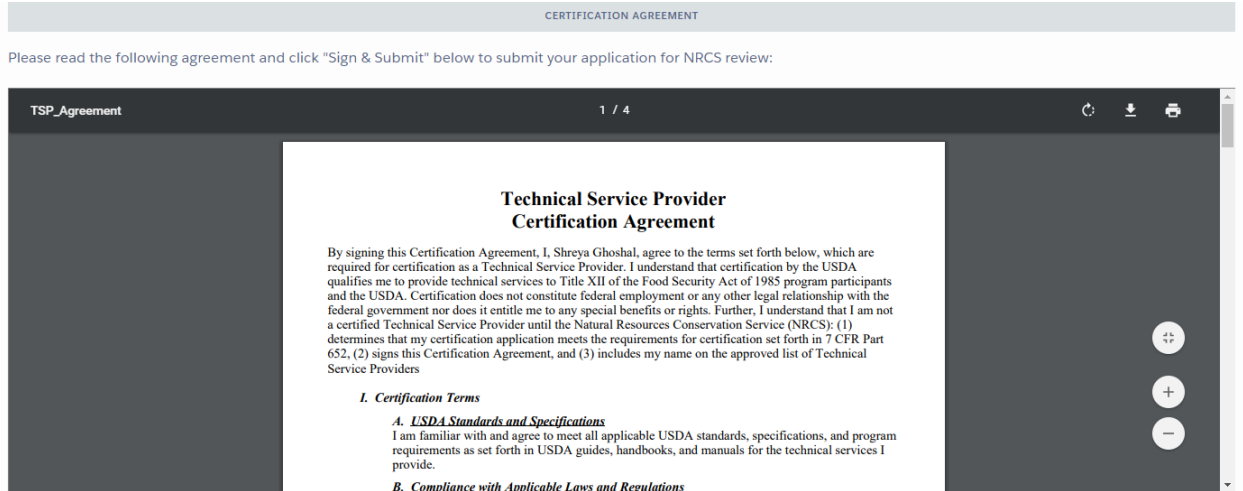
1. Confirmation Statement: Click the ✔ Yes button to agree to the confirmation statement. Click the ✕ No button to exit the application



2. Self Certification Statement: Select an option and click the  button to continue with the application or click the  button to exit the Application



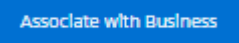
3. Certification Statement: The agreement displays the language selected by user for Self-Certification Statement and a list of practices submitted in application. Read the agreement and click the  button to submit the application or click  the button to exit out of the application



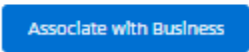
4. Access the civil right links on the certification statement page

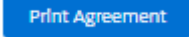


Civil Rights Links

- [USDA Civil Rights and Anti-Harrasment Policy Statements](#)
- [NRCS Civil Rights Policy Statement](#)
- [NRCS Limited English Proficiency \(LEP\) Policy Statements](#)
- ["And Justice For All" Poster](#)
- [USDA Non-Discrimination Statement](#)

5. On Submitting the application: The following actions take place:  
The agreement document is attached to the application
  - Date/time of signature is captured on the agreement
  - Electronic Application Submission Date is captured on the application as the current date
  - If "Mail-In" option was not selected for any practice criteria:
    - \* 60-Day Start Date is captured on the application as the current date
    - \* Decision Due Date is captured on the application as 60 days from the current date
  - Status for each selected practice changes to "Submitted"
  - TSP Status changes to "Under Review"
6. Click the  button to associate to an existing business

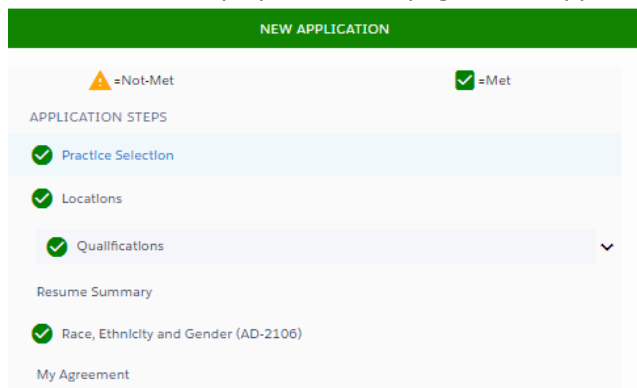
Are you associated with a business ?



7. Click  button to view and print the certification agreement
8. Click the  button to go back to the homepage
9. On the homepage, the user can click the  button to access a read only view of the recently submitted application

### 3.2.8 Application Side Menu

1. A side menu is displayed on each page of the application




2. A green checkmark appears for the completed section
3. Click to go to a completed step or to the current step

### 3.2.9 Revise Application


1. If TSP Status is "Under Review", click on  button to make changes to the submitted application
2. Edit any previously submitted application information and submit

**Note: Changes to practices do not overwrite the application under review until updated agreement is signed and revised application is submitted**

### 3.2.10 Modify Application

1. If the TSP Status is "Certified" and expiration date is greater than 120 days, on the homepage, click the  button to make changes to all the components of the application form

### 3.2.11 Renew Application

1. If the TSP Status is "Certified" and expiration date is less than 120 days, on the homepage, click the  button to make changes to all the components of the application form

#### Modify/ Renew Application

**Note: The following components of the application form can be changed:**

\* Practice Selection

\* Locations

\* Qualifications

\* Resume

\* Race, Ethnicity, and Gender

- Each component follows the same flow/rules as a new application

- User can go through Confirmation Statement and Self-Certification Statement, sign updated agreement, and submit application

\* If practices were added, or states were added, or qualifications used for practices were removed or changed, a Modification is generated, and the application is submitted just like for a new agreement.

\*If a practice was removed, a state was removed, or a county was changed during a Modification, the application does not require State Coordinator and Regional Certifier approval, and changes will take effect upon submission.

\*A Modification will not change the Agreement Expiration Date. A Renewal will update the Agreement Expiration Date to extend it for 3 more years once the Regional Certifier certifies the renewal application.

> Added/changed practices are "Incomplete" until all criteria are met; "Ready to Sign" after all criteria are met; "Submitted" after the application is submitted

> If a state is added to a "Certified" practice during a Modification, the practice for that state will need to be reviewed by the State Coordinator and Regional Certifier

> Practices that were already "Certified" for certain states remain "Certified" for those states unless qualifications used to satisfy criteria for those practices are removed or changed

\* If user did not add/change/remove practices, user does not need to sign updated agreement, no modification is generated, and application is not submitted

>Modification changes or Renewal changes will not take effect until the Regional Certifier finalizes the decision to Certify or Defer.

>If the user does not Renew before the Agreement Expiration Date is passed, he will be automatically Expired and will be required to Start a New application to become certified once again.

### 3.2.12 View Practice Status and Agreements

**MY TSP CERTIFICATION**

1. Navigate to **MY TSP CERTIFICATION** tab on the homepage banner, to view Practice Status, Current Agreements, Archived Agreements, or Archived Practices. Under the Practice Status tab, a list of Certified, Expired, Submitted, or Deferred Practices by state will appear.

Practice Status	Current Agreements	Archived Agreements	Archived Practices	
<b>Certified Practices</b>				
Name	Practice Code	Counties	Date Originally Certified	Expiration Date
Virginia				
Alley Cropping	311	All Counties	07/16/21	07/16/24
Multi-Story Cropping	379	All Counties	07/16/21	07/16/24
Maryland				
Alley Cropping	311	All Counties	07/16/21	07/16/24
Multi-Story Cropping	379	All Counties	07/16/21	07/16/24
<b>Expired Practices</b>				
Name	Practice Code	Counties	Date Originally Certified	Original Expiration Date
<b>Submitted Practices</b>				
Name	Practice Code	Counties	Submission Date	Decision Due Date
<b>Deferred Practices</b>				
Name	Practice Code	Counties	Submission Date	Decision Due Date