Do you qualify as an AOCS Approved Chemist?

Criteria for Approved Chemist Status

- AOCS Membership
- Must have completed four consecutive quarters of LPP: July 1, October 1, January 1, April 1

Approved Chemist applicant must complete the following:
- Less than 1.4 combined score (combined score is the mean z-value for all required results
- Results were reported for all required constituents
- Results were returned for all samples
- Participant must be an AOCS member by the date of submission of application
- Membership and Approved Chemist application must be paid in full

You are eligible to apply for Approved Chemist status for only those series in which you were enrolled during the 2018–2019 Laboratory Proficiency Program year.

There is also a $150 processing fee for first-time applicants to the program.

APPLICATION DEADLINE June 16, 2019

Questions? | +1 217-693-4810 | technical@aocs.org

If you meet the above criteria, submit completed application with appropriate payment.

Mail:
AOCS Technical Services
PO Box 17190
Urbana, IL 61803-7190
USA

Email: technical@aocs.org
Fax: +1 217-693-4855

See application for payment options.
AOCS APPROVED CHEMIST APPLICATION

Deadline: June 16, 2019

Approved Chemist Status Period: August 1, 2019 – July 31, 2020

Name of Program Analyst ___________________________________________ 2018 Analyst Number ______________

Company _______________________________________________________

Address

City ___________________________ State _______________

Postal Code ___________________________ Country __________________

Phone ___________________________ Email __________________________

Company Website*

*If you would like a link within the AOCS Recommended Lab Directory

I request, as a member of AOCS in good standing to act as Approved Chemist for the year August 1, 2019 through July 31, 2020 on the following analyses (check one or more):

☐ Aflatoxin – Almond
☐ Aflatoxin – Corn Meal
☐ Aflatoxin – Peanut Paste
☐ Aflatoxin – Peanut Paste Test Kit
☐ Aflatoxin – Pistachio
☐ Aflatoxin – Corn Meal Test Kit
☐ Cholesterol
☐ DDGS from Corn Meal
☐ Edible Fat
☐ Fish Meal
☐ Gas Chromatography
☐ GOED Nutraceutical Oils
☐ Marine Oil
☐ Marine Oil Fatty Acid Profile
☐ NIOP Fats and Oils
☐ Nutritional Labeling
☐ Olive Oil Meal
☐ Olive Oil (Part A, B, or C)
☐ Olive Oil Sensory Panel
☐ Palm Oil
☐ Peanut
☐ Phosphorus in Oil
☐ Solid Fat Content by NMR
☐ Soybean
☐ Soybean Oil
☐ Specialty Oils
☐ Tallow and Grease
☐ Trace Metals in Oil
☐ trans Fatty Acid Content
☐ Un-ground Soybean Meal
☐ Vegetable Oil (Color)

Fee schedule

<table>
<thead>
<tr>
<th>Number of categories</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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<th>12</th>
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<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total Cost (US$):</td>
<td>130</td>
<td>180</td>
<td>235</td>
<td>305</td>
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<td>680</td>
<td>685</td>
<td>690</td>
<td>705</td>
<td>715</td>
<td>725</td>
</tr>
</tbody>
</table>

Amount due to AOCS

Applicable fee for number of categories requested $ ______________

$150 applicant’s fee (first-time applicants only) $ ______________

Total Due to AOCS by June 16, 2019 $ ______________

Payment options

☐ Check/Money Order – Make checks payable to AOCS in US funds, drawn on a US bank.
☐ Bank Transfer – Reference member number, full name, and “AC” and send to: Busey Bank, 100 W. University, Champaign, IL 61820 USA. Account number 11508361. Routing number 071102568. SWIFT Code/BIC: BUYEUS44.
☐ Credit Card – submit your application and we will send you an invoice with instructions for paying online.

Certificates will not be mailed and you will not be listed as an Approved Chemist until payment is received.

☑ I affirm that the laboratory in which the analyses are performed is equipped with all of the apparatus and materials specified in the current Official Methods and Recommended Practices of the AOCS for the determinations in the categories for which I am applying.

☑ I understand that I am obligated to maintain the highest standards of accuracy. Further, I must take part in the cooperative work of the Laboratory Proficiency Program to obtain Approved Chemist status.

☑ I agree that only the appropriate and current AOCS Methods will be used in analyzing samples. I agree to follow and be bound by the Articles of Incorporation and Bylaws of the AOCS and the rules and regulations of its Examination Board and agree that any dispute concerning my status as an approved chemist shall be determined in accordance there with.

☑ I further agree that all rules and regulations of the AOCS Examination Board shall be considered as part of this application.

☑ I affirm that I am a member of AOCS in good standing and am current on my membership dues.

Signature ___________________________________________ Date ____________