

Maryland Nursery and Landscape Association, Inc.  
P.O. Box 726 – Brooklandville, MD 21022

Maryland Certified Professional Horticulturist Program Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

*I understand that by signing below, I am certifying that the information provided in this application is true and that falsifying information in this application is grounds for revocation of certification.*

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

ELIGIBILITY: All Applicants must have a Maryland Nursery and Landscape Association Sponsor

1. Maryland Nursery and Landscape Association Sponsor:

Sponsor Name (Please Print): \_\_\_\_\_

Name of MNLA Sponsor's Member Firm: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Education:

Completed High School:  Yes  No Year Graduated: \_\_\_\_\_

Years of College Completed (Circle one): 1 2 3 4 5 Year Graduated: \_\_\_\_\_

College, Major and Degree (if any): \_\_\_\_\_

3. Current Employer: \_\_\_\_\_ Your Position: \_\_\_\_\_

Employer Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Employer Website: \_\_\_\_\_ Employer e-mail: \_\_\_\_\_

4. Employer Category Type (check all that apply):

\_\_\_\_\_ Wholesale Grower \_\_\_\_\_ Landscape Contractor/Installation/Maintenance

\_\_\_\_\_ Retail Garden Center \_\_\_\_\_ Landscape Architect/Designer

\_\_\_\_\_ Arborist \_\_\_\_\_ Lawn Care/Lawn Maintenance

\_\_\_\_\_ Governmental Agency

\_\_\_\_\_ Other (define): \_\_\_\_\_

(continued other side)

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5. Previous Employers (Beginning with most recent):

A. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

B. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

C. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

**Note:** 3 years of full-time employment within the Ornamental Horticulture Industry (2 years part-time, minimum of 500 hours per year, will constitute 1 year of full-time employment), **or** 2 years full-time industry employment and 2 years post-secondary education in horticultural related fields, **or** 1 year of employment & 4 years of post-secondary education.

LETTERS OF REFERENCE MUST BE SUBMITTED FROM EMPLOYERS, CURRENT AND PREVIOUS

UPON RECEIPT OF YOUR APPLICATION AND THE CPH EXAMINATION FEE OF \$125.00, A STUDY MANUAL WILL BE FORWARDED TO YOU.

**NOTE: CHECK HERE  IF YOU WANT THE SPANISH VERSION OF THE STUDY MANUAL**

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Payment Information:

All checks should be made payable to: Maryland Nursery and Landscape Association and mailed with application to:  
PO Box 726  
Brooklandville, Maryland 21022

OR please complete all of the credit card payment information requested, and **fax to 410-296-8288:**

Credit Card Type:      Visa            MasterCard

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing address of card: \_\_\_\_\_

Three Digit Security Code: \_\_\_\_\_ (*found on back of card*)

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

Please **Print** Name: \_\_\_\_\_

If you have any questions, please direct them to the MNLA at 410-823-8684.

Thank you!