

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

Maryland Certified Professional Horticulturist Program Application

Name: _____ Date: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

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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Maryland Certified Professional Horticulturist Program Application (*continued*)

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 500 hours per year, will constitute one year of full-time employment), OR 2 years of full-time industry employment and 2 years post-secondary education in horticultural related fields, OR 1 year of employment and 4 years of post-secondary school education.

LETTERS OF REFERENCE MUST BE SUBMITTED FROM EMPLOYERS, CURRENT AND PREVIOUS
PLEASE INCLUDE CPH EXAMINATION FEE OF \$125.00 WITH YOUR APPLICATION

Payment Information:

All checks should be made payable to: Maryland Nursery and Landscape Association

Or please complete all of the credit card payment information requested:

Credit Card Type: _____ Visa _____ MasterCard

Card # _____ Exp. date _____

Billing address of card: _____

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

Signature: _____

Print Name: _____

Payments should be mailed to: Maryland Nursery and Landscape Association
P.O. Box 726
Brooklandville, Maryland 21022

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

Thank you!