

APPLICATION FOR CERTIFICATION EXAM AND MATERIALS

Please Print Clearly

Candidate's Name (As you wish it to appear on certificate): _____

Company: _____

Address: _____ City, State, Zip _____

Phone: _____ Fax: _____

Time employed by present employer: _____ Number of years previous nursery/landscape experience _____

Name and address of your local newspaper (for press releases: _____

Applicant's Signature: _____

Employer/Advisor: Please Verify:

In accordance with the procedures established by the SDNLA's Certification Committee, verification of the experience of each person successfully completing the examination must be received prior to awarding official certification.

Please check appropriate box:

This person has completed 2000 hours in nursery-related employment

-OR-

This person has completed 2 years nursery-related education plus internship

Employer/Advisor Signature _____ Title _____

(Note: A signature is not necessary to test, purchase a manual, or initiate certification process. It is necessary to confirm the applicant as a Certified Nurseryman.)

FEES

Examination Registration:

I have enclosed the required \$50 fee to enter the SDNLA Certification Program. This 50 includes the cost of the manual and a first test session (which includes all three test sections). Once the certification application is approved and FEES HAVE BEEN PAID, a certification manual will be issued to the applicant.

Re-Testing Fees

I have enclosed \$10 per section of test that I need to take. Please indicate sections to be retested.

General Horticulture Plant Identification Landscape Plan

TOTAL ENCLOSED: \$ _____

Return Application to:

South Dakota Nursery and Landscape Association
5659 Dakota Avenue South • Huron, SD 57350 (605) 352-4414