

# Certified Nursery and Landscape Professional Test Application and Short Course Registration



**Test & Short Course Date -**  
**Typically offered January and September each Year**  
**Location Varies**

- You must have either one year of work experience OR hold a degree in horticulture or a related and approved field OR hold a certificate in a related vocational or technical school to sit for the exam.
  - The test consists of three sections - 1) Horticultural Knowledge, 2) Plant ID (3) Landscape Calculations. Test takers must receive 70% or above in each section to become certified. Test takers will be given credit for parts of the exam which are passed and may retake sections they do not pass in the future (given twice a year.)
- Certification Short Course** - a full day review of the three sections to improve pass rate .

Applicant's Names \_\_\_\_\_ Date \_\_\_\_\_  
 My company or employer is a current member - Yes \_\_\_\_\_ No \_\_\_\_\_ I would like to join \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Title \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

**PAST WORK HISTORY IN THE HORTICULTURE INDUSTRY**

Employer's Name	Location	Type of Work or Title	Dates of Service

**To be completed by employer or manager**

I verify that this applicant has been in my employment from \_\_\_\_\_ to present in the position indicated above. (Service time must be related to horticultural work.)

Employer Name \_\_\_\_\_ Title \_\_\_\_\_  
 Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Retesting?**

Check section you are retesting for  
 Part 1- Horticultural Knowledge \_\_\_\_\_  
 Part 2- Plant Identification \_\_\_\_\_  
 Part 3- Landscape Calculations \_\_\_\_\_

**EDUCATIONAL BACKGROUND- fill in highest level completed**

High School \_\_\_\_\_ City/ State \_\_\_\_\_ Year Graduated \_\_\_\_\_  
 Vocational/Tech School \_\_\_\_\_ City/ State \_\_\_\_\_ Degree Received \_\_\_\_\_  
 College Name \_\_\_\_\_ Course of Study \_\_\_\_\_ Degree Received/year \_\_\_\_\_  
 Other training or education \_\_\_\_\_

	<b>Member</b>	<b>Non-Member</b>	
<b>\$ Certification Short Course &amp; Test</b>	<b>\$125.00</b>	<b>\$160.00</b>	\$ _____
box lunch included on review day			
Certification Study Manual	\$45.00	\$60.00	\$ _____
Plant Identification CD	\$15.00	\$45.00	\$ _____
Short Course Only	\$85.00	\$115.00	\$ _____
Test retakes/section	\$20.00/section	\$25.00/section	\$ _____
*Active Membership	\$160.00		\$ _____
*Associate Membership	\$55.00		\$ _____
*please contact the office to see if you are eligible for membership			
<b>TOTAL</b>			\$ _____

<p><b>Pay with Credit Card</b>                  MC _____ VISA _____                  Exp. Date _____                  CVV (last 3 #'s on back) _____                  Card Number _____                  _____ Print Name on Card _____                  Signature of card holder _____                  _____</p>
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**RETURN FORM with payment to: AGIA, PO BOX 21715, Little Rock, AR 72221.**  
**Fax back to 501-224-0988, Questions? Call 501-225-0029 or visit the web www.argia.org**