

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

Maryland Certified Professional Horticulturist Program Application
Online application is available at www.mnlga.org, via the CPH page

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, Landscape and Greenhouse Association Sponsor;*
A LETTER OF REFERENCE MUST BE SUBMITTED FROM APPLICANT'S CURRENT EMPLOYER

1. Maryland Nursery, Landscape and Greenhouse Association Sponsor:

Sponsor Name (Please Print): _____

Name of MNLGA 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: _____

Employer is an MNLGA member: ___ Yes ___ No (application fees: \$140 for members; \$240 for non-members)

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)

Maryland Nursery, Landscape and Greenhouse Association, Inc.

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: _____

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.

Payment Information:

Application fee is \$140 for individuals employed by MNLGA member firms or \$240 for individuals employed by non-MNLGA member firms. Upon receipt of your application and fee, a study manual will be forwarded to you.

All checks should be made payable to: Maryland Nursery, Landscape and Greenhouse Association. Or please complete all of the credit card payment information requested below. If total payment indicated for a credit card charge is not calculated correctly, the MNLGA will make the adjustment and charge the appropriate amount to expedite the application.

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, Landscape and Greenhouse Association
P.O. Box 726
Brooklandville, Maryland 21022

If you have any questions, please direct them to the MNLGA: Office: 410-823-8684
Fax: 410-296-8288
Email: office@mnlga.org

Thank you!