

**New Hampshire Landscape Professional Certification Program
APPLICATION FOR EXAMINATION**

Name: _____ Date: _____

Address: _____

City/ State/ Zip: _____

Telephone: _____

e-mail: _____

This application is for:

_____ Initial Certification

_____ Re-examination (Date of Previous Exam: _____)

I certify that the information contained in this application is true. I understand that falsification of information in this application is grounds for revocation of certification. I also authorize New Hampshire Landscape Professional Certification Committee to contact employers or sponsors named herein for verification of information.

Signature: _____ Date: _____

Eligibility Requirements:

A total of three years' employment in the landscape industry (2100 hours) **OR** not less than two years of employment in the landscape industry (1400 hours) and one year of horticultural education is required. Proof of employment must be provided upon request.

Employment Eligibility:

List Recent Employer(s):

Employer I: _____ Telephone: _____

City/ State/ Zip: _____

Job Title: _____ Dates of Employment: _____

Employer II: _____ Telephone: _____

City/ State/ Zip: _____

Job Title: _____ Dates of Employment: _____

Employer III: _____ Telephone: _____

City/ State/ Zip: _____

Job Title: _____ Dates of Employment: _____

Education Eligibility:

Successful completion of a post-high school course in horticulture.

Name of School: _____

Address of School: _____

City/ State/ Zip: _____

Course Completed: _____ Dates: _____

School's Major Instructor, Advisor, Dean or Registrar:

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Fees:	_____ \$100.00	NHLA Member
	_____ \$125.00	Non-member
	_____ \$50.00	Re-exam, per section, member
	_____ \$65.00	Re-exam, per section, non-member

A copy of the Certification Manual is included with your exam fee. The manual is distributed as a .pdf file on a thumb drive.

If you would like a copy of the manual without registering for the exam the cost is \$25.00.

Amount Enclosed: _____

Please make checks payable to NHLA.

Mail completed application, Code of Ethics form and the proper fee(s) to:

Patty Laughlin
NHLA Certification Coordinator
P.O. Box 253
Epping, NH 03042

New Hampshire Landscape Professional Certification Program CODE OF ETHICS

In order to earn the title of ***New Hampshire Certified Landscape Professional***, applicants must successfully complete a written examination, attest to educational and / or field experience, and agree to abide by the following rules:

1. I will promote the highest ethical standards in the conduct of myself and my business.
2. I will assume the responsibility of meeting the objectives of the New Hampshire Landscape Association (NHCLA).
3. I will strive to improve my knowledge and skills in the field of horticulture.
4. I agree that, should my Certification not be renewed or be revoked for any reason, I will not display any distinguishing emblems or titles, or in any manner whatsoever imply that I am a ***New Hampshire Certified Landscape Professional***.
5. I fully understand that, should I be granted certification, such certification is limited and must be renewed each year by earning Maintenance Credits and payment of the renewal fee to NHCLA. I understand that my certification will be automatically revoked unless renewed.
6. I understand that certification is granted by the New Hampshire Landscape Association as recognition of knowledge and achievement for those who voluntarily qualify and is in no way mandatory. I understand that, upon certification, I am entitled to call myself a ***New Hampshire Certified Landscape Professional*** and to use the initials NHCLP after my name, as well as to display the certification emblem in all forms.

I AGREE TO ALL THE ABOVE RULES.

_____ (Signature)

_____ (Date)