

West Virginia Nursery and Landscape Association
Certified Professional Horticulturist Program

P.O. Box 20284
Charleston, WV 25362
304-553-1234 or wvnlassoc@gmail.com

Application for Examination

Examination fee: \$25, payable in advance, or at the time of the exam. Study manuals are \$60 for members and \$100 for non-members, and will be mailed to the address provided below upon receipt of check. Please make check payable to WVNLA and mail to address above.

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State & Zip: _____ Email: _____

I certify that the information contained in the application is true. I understand that falsification of the information in this application is grounds for revocation of certification

Signature: _____

Education:

High School graduate: ____ Yes ____ No Year graduated: _____

Years of college completed (circle one): 1 2 3 4 5 Year graduated: _____

Name of college, major and degree (if applicable): _____

Current employer: _____ Your position: _____

Address: _____ Phone: _____ Email: _____

Previous employers beginning with most recent:

1. Name: _____ Position: _____

Phone: _____ Employed from: ____ to: _____

2. Name: _____ Position: _____

Phone: _____ Employed from: ____ to: _____

3. Name: _____ Position: _____

Phone: _____ Employed from: ____ to: _____

Employment/Education Note: 3 years of full-time employment within the ornamental horticulture industry (2 years part-time, minimum of 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 horticulturally related fields, OR 1 year of employment and 4 years of post-secondary school education.

Please include letter(s) of reference from current and/or previous employers.