Certified Professional Horticulturist

a program of the

American Society for Horticultural Science

American Society for Horticultural Science
1018 Duke Street, Alexandria, VA 22314
Phone 703-836-4606 • Fax 703-836-2024 • e-mail ashscph@ashs.org
The ASHS Certified Professional Horticulturist (CPH) program identifies qualified horticultural professionals for excellence in educational, scientific, and service activities with public and private agencies.

Established in 1991, the CPH program sets standards and maintains procedures for official certification of individuals having recognized credentials in the horticultural field.

A CPH may be sought to:
Consult for industrial and commercial horticulture ventures
Advise government
Give legal testimony
Provide valid information to the media
Document horticultural expertise to others in the industry and the general public
Introduction

The American Society for Horticultural Science (ASHS) Certified Professional Horticulturist (CPH) program identifies individuals with credentials in horticulture. The program is administered by the ASHS Certified Professional Horticulturist Board (CPHB). The Certified Professionals are identified to public and private agencies, groups, and institutions for their inclusion in educational, scientific, and service activities. The idea for a professional board to certify horticulturists was originally presented by R. Paul Larsen in his ASHS Presidential Address during the ASHS Annual Meeting in Baton Rouge, LA, in 1976. The CPH program became a reality at the ASHS Annual Meeting at The Pennsylvania State University in 1991 as a part of ARCPACS (a Federation of Certifying Boards in Agriculture, Biology, Earth, and Environmental Sciences). The program was officially moved from ARCPACS on June 1, 2000, to full control of the American Society for Horticultural Science.

Horticulturists are certified by a board made up of five to eight Certified Professional Horticulturists. These board members are appointed by the ASHS President-elect and approved by the ASHS Board of Directors.

Purpose

Professional Standards are needed for those whose activities affect the well-being of the general public. Professional standards have been recognized in such professions as medicine, law, engineering, and accounting. Problem solving in land use, horticultural crop production practices; air-, water-, soil-, and horticultural plant-quality standards; waste management; and the use of agricultural chemicals create a need for the services of professionals in horticulture. Such professionals must be able to show evidence of their qualifications. A certification program that identifies professionals for educational, scientific, and service activities with public and private agencies is in the public interest. The ASHS CPH program was established to develop standards and procedures for certification of individuals with credentials as professionals in horticulture.

Certification

Certification is based on documentation of scholarly activity and work experience supported by references. Individuals certified by the CPHB have met the educational and practical experience standards, subscribe to the Code of Ethics, and qualify for identification and recognition as professionals. Credentials of applicants are reviewed by the CPHB.

Certification is for individuals only. The designation CPH may not be used in such a manner as to indicate that a business, firm, or agency is a certified entity. Further, the CPH professional designation(s) may not be used in any way to connote CPHB or ASHS endorsement of a business, firm, agency, consulting service, product, or program.

CPH Benefits

The CPH Registry identifies trained professionals who are required to participate in continuing education programs in their field of specialization. Certified Professionals are frequently called on to provide information on issues pertaining to their area of expertise and public concern. For example:

- consulting for industry and commercial horticulture
- advising agencies of government
- giving legal testimony
- providing valid information to the media, client, and general public

Reasons for Certification

- to maintain and promote high standards of performance by all members of the profession
- to promote and encourage professional development, growth, and renewal
- to enhance the visibility of the profession
- to publicize and exemplify the Code of Ethics
- to meet state and national requirements regarding individuals making recommendations to the public

CPH Certifications

The CPHB offers professional certification under two categories:

- Certified Professional Horticulturist (CPH)
- Associate Professional Horticulturist (APH)

For Information

For more information, contact the American Society for Horticultural Science, Office of the CPH Registry, 1018 Duke Street, Alexandria, VA 22314 USA. Phone 703-836-4606, fax 703-836-2024, e-mail ashscph@ashs.org; www.ashs.org.

The Certified Professional Horticulturist program of ASHS provides an excellent means to set apart and recognize exemplary horticultural professionals who have had formal horticultural education and have made contributions in their areas of horticultural research and service. I am greatly honored to be a CPH and I encourage other ASHS members to apply and show their support for this valuable program. —David Zlesak, CPH
Professional Horticulturist Certification

Certification Procedures and Standards

I. Certified Professional Horticulturist Status:

A. General

1. Registration
   a. Certification and inclusion in the ASHS CPH Professional Registry is limited to individuals who are deemed qualified professionals in horticulture.
   b. Registrants must subscribe to the ASHS CPH Code of Ethics.

2. Certificate
   A certificate is provided to each individual registered as a Certified Professional when approved.

3. Renewal
   Certification is renewable in accordance with recertification regulations (see I.E.1).

B. Area of Certification

1. Certified Professional Horticulturist (CPH)

C. Minimum Requirements for Eligibility

1. Education Requirements
   a. Possess a Bachelor’s of Science (BS) degree from an accredited U.S., Canadian or foreign institution with a major in horticulture, or a closely allied field of science, and meet the minimum core requirements.

2. Work Experience
   a. Applicants must have five (5) years of professional work experience in horticulture after receipt of BS degree.
      1) Applicants holding a Masters or Doctoral degree may substitute two (2) years of professional experience for each degree held.
      2) Experience while working toward an advanced degree does not qualify for “professional experience.”
   b. Applicants are required to demonstrate the percentage of work experience as a horticulturist.
      1) Activities such as farm management, consulting, research, extension, and teaching must make up a minimum of 70% of the applicant’s time working directly with horticulture issues for any time period to count fully as work experience.
      2) Work experience less than 70% will be prorated.
      3) Work experience must be in horticulture.

3. References
   Provide the names and addresses of at least five (5) individuals familiar with your horticultural work and professional experience. References must be familiar with work experience being used to meet certification requirements. The applicant will need to designate the time period for which the reference has personal knowledge of his or her work experience history. At least one individual must be associated with your current or past employment; an immediate supervisor, client, or coworker.

D. Application

1. Documentation
   a. Application is made by submitting the completed application forms and providing the following information.
      1) Official transcript(s) of all academic credits, including verification of degree(s).
      2) A professional resume of personal biographical information, which includes educational background, a list of all professional positions held, a list of significant professional activities, and a list of memberships in professional and honorary organizations.
      3) Contact information for at least five individuals familiar with your work and professional experience. References should be selected from two or more agencies or organizations (refer to I.C.3).
      4) Completed Summary of Core Requirements form.
      5) Completed Professional Experiences Form.
      6) Signed Code of Ethics Form.

2. Core Curriculum Requirements
   The Core Curriculum Requirements for the CPH and APH certification programs are based on domestic university curriculum content. When evaluating an applicant’s academic record, courses and credits are accepted for college-level course work that is completed at institutions within the United States that are accredited by a regional or national accrediting organization recognized by the Council for Higher Education Accreditation (CHEA). Documentation of completion of course work within the United States is to be provided by submitting an official university or college transcript. Course work taken at non-domestic institutions may also be accepted but must be documented on a transcript. Transcripts issued by a non-U.S. institution need to be evaluated by a third-party transcript evaluation service. The purpose of the transcript evaluation service is to provide the ASHS Certification Program with an English translation of courses, credits and grading systems as they appear on the foreign transcript, as well as to verify the foreign institution’s accreditation. It is the responsibility of the applicant to request this service and pay any fees associated with the third party evaluation service.
Applicants are required to use one of the following approved third party transcript evaluation services:

- Educational Credential Evaluator:
  https://www.ece.org/
- World Education Services, Inc.:
  http://www.wes.org/
- American Education Research Corporation, Inc.:
  http://www.aerc-eval.com
- International Educational Research Foundation:
  http://ierf.org
- AACRAO International Education Services (IES):
  http://ies.aacrao.org

Upon receipt of an official transcript or a third party transcript evaluation, the ASHS Certification Committee’s evaluation of the applicant’s academic record will be completed. Courses must be similar in nature, level, and content to a course in a domestic university curriculum in order to be accepted as meeting the core curriculum requirements of the CPH and APH certification programs.

3. Fees

An Application for Certification must be accompanied by the appropriate fee as indicated on the application form. Application fee is non-refundable.

E. Certification and Renewal

1. Certification is valid for two years, after which it may be renewed by payment of the renewal fee and fulfillment of the Continuing Education Unit (CEU) requirements.

a. The renewal fee is due (every two years based on an established two-year cycle) on 31 December and is considered delinquent if not paid within 30 days after this due date. After 31 January, certification will be reinstated with payment of the annual fee plus a late fee. The registrant’s name will be dropped from the active Registry if the fee is not paid after six months (1 July). After 12 months, reapplication is required.

b. Continual training and education is required of all Certified Professionals to keep abreast of rapidly changing conditions, techniques, and requirements in their field. ASHS Certified Professional Horticulturists must submit evidence of continuing education to maintain their Certified Professional Horticulturist (CPH) status. The CEU requirement will be satisfied with the submission of a minimum of 40 units over the two-year certification period. Instructions and a CEU Reporting Form can be found on pages ___ of this application booklet. Carryover of CEUs will not be permitted.

F. Denial, Revocation, or Suspension of Certification

1. Rights and Responsibilities

a. The right to deny, revoke, or suspend certification is vested in the ASHS Certification Board.

b. Because the certification program is entirely voluntary, ASHS assumes no responsibility for any loss or disadvantage, real or imagined, that may be alleged to have resulted from denial of certification or revocation or suspension of an existing certification.

II. Associate Professional Horticulturist Status

A. General

1. Registration

a. It is acknowledged that individuals training in horticulture may want to become professionally recognized through a professional certification program. There is a time-lapse between completion of the degree and attainment of the minimum work experience required to be eligible for full certification. For such cases, the classification of Associate Professional Horticulturist (APH) is available.

b. A certificate is provided to each qualified individual registered as an Associate Professional Horticulturist.

2. Certificate

a. A certificate is provided to each qualified individual registered as an Associate Professional Horticulturist.

3. Renewal

a. Registration is valid for the current calendar year, renewable annually, and cannot exceed the number of years specified under the time-limit requirements.

b. The Associate Professional Horticulturist does not participate in the recertification program until the Certified Professional status is acquired.
B. Area of Certification
1. Associate Professional Horticulturist (APH)

C. Minimum Requirements for Eligibility
1. It is expected that those persons applying for the Associate Professional status will be recent graduates who have not met the experience requirements for a fully Certified Professional. These graduates must meet degree requirements as stated for Certified Professional status.
2. The Associate Professional must subscribe to the ASHS CPH Code of Ethics and is subject to the same standards of ethics and professionalism as stated for Certified Professionals.

D. Application
1. Documentation
   a. A request for registration is made by submitting a completed application form, and providing the following information:
      1) Official transcript(s) of all academic credits, including verification of degree(s).
      2) A professional resume, or personal biographical information, which includes educational background, a list of all professional positions held, a list of significant professional activities, and a list of memberships in professional and honorary organizations. If the applicant has held one or more professional positions, information about these experiences should be included on the Professional Experiences form.
      3) The names and addresses of at least five individuals familiar with your horticultural work and academic record.
         (a) One must be from the degree-granting institution or an immediate supervisor.
         (b) If the applicant has held one or more professional positions, references from the positions are also requested.
      4) Completed Summary of Core Requirements form.
      5) Completed Professional Experiences Form.
      6) Signed Code of Ethics Form.
   2. Core Curriculum Requirements
      (refer to I.D.2)
   3. Fees
      An application for certification must be accompanied by the appropriate fee as indicated on the current application form. The application fee is non-refundable.

E. Renewal
   The renewal fee is due on the 31 of December and is considered delinquent if not paid within 30 days after the due date.

F. Associate Time-limit Requirement
1. Degree Requirement
   a. The length of time a person may hold the Associate Professional status before applying for full Certified Professional depends on the degree held. All requirements are exclusive of resident, full-time, graduate school work beyond the bachelor’s degree.
   b. The individual holding a bachelor’s degree is limited to six (6) years as an Associate Professional and is eligible to apply for full certification after five (5) years of professional practice.
   c. The individual holding a master’s or doctoral degree may reduce the eligibility date and time limitation by two (2) years for each advanced degree held.
2. Termination
   a. The Associate Professional status is terminated at the end of the time periods stated above or when Certified Professional status is granted, whichever comes first.

G. Transition to Full Certified Professional Status
1. Application
   a. Transition from the Associate Professional status to full Certified Professional status is not automatic; an application must be made.
   b. An Associate Professional may apply for Certified Professional status after acquiring the minimum number of years of professional experience after receiving his or her degree(s).
2. Documentation
   a. To apply for Certified Professional status, the Associate Professional must follow the steps as outlined in the Certified Professional status:
      1) Submit a completed application form.
      2) Attach an updated professional resume containing any additional information not included in the original credentials.
      3) Provide references as stated in the Certified Professional status. These references, where possible, should include those who have been previously identified as familiar with the Associate Professional’s professional work experience.
      4) Remit the correct application fee. If the Associate Professional status is current, the application fee is one-half the amount for the Certified Professional. If the Associate Professional status is not current (annual renewal fee not paid), the fees are the same as the Certified Professional application fee.
   5) Signed Code of Ethics Form.

H. Denial, Revocation, or Suspension of Associate Professional Status
1. The right to deny, revoke, or suspend certification of an Associate Professional is vested in the ASHS Certification Board as stated in the Certified Professional Horticulturist Section F.2.a.1.–5.
2. Certification will be suspended or revoked for nonpayment of renewal fees.
Application for Professional Certification

American Society for Horticultural Science Certified Professional Horticulturist Program
ASHS, Office of the CPH Registry, 1018 Duke Street, Alexandria, VA 22314
phone 703-836-4606 • fax 703-836-2024 • e-mail ashscph@ashs.org

1. APPLICANT’S NAME AND ADDRESS

____ Dr.  ____ Mr.  ____ Ms.  ____ Mrs.  ____ Miss

Last Name: ___________________________ First Name: ___________________________ Middle Initial: ______

Home Address: __________________________________________________________________________________

City: ___________________________ State: ______ ZIP: ____________ Country: _____________________

Office Phone: ___________________ Home Phone: __________________ Fax: _____________________

E-mail: ___________________________ Are you a Member of ASHS?  _____ Yes  _____ No

2. PERSONAL DATA

(Completion of this section is optional. Information regarding specific individual members will not be released.)

Birthdate: ______________ Race: ______________

Citizenship: ______________ Gender: ______________

3. AREA OF CERTIFICATION

____ Horticulturist, CPH  ______ Horticulturist, APH

4. DOCUMENTATION REQUIRED:

a. Completed Application for Professional Certification.

1. References:
   a) For Certified Professional Applications, refer to I.C.3.
   b) For Associate Professional Applications refer to II.D.1.(3)

b. Completed Summary of Core Requirements Form.

c. Official transcript(s) of all academic credits, including verification of degrees is required.

d. Completed Professional Experience Form. List all professional positions held, professional activities, and membership and offices held in professional and honorary societies.

e. Resume

f. Sign and date the ASHS Code of Ethics.

5. NAME TO BE PRINTED ON CERTIFICATE:

Degree following name (choose only one):

____ BS  ____ MS  ____ PhD  ____ None  ____ Other _______

Last Name: ___________________________ First Name: ___________________________

Middle Name/Initial: ___________________________

6. FEES

____ Certified Professional  $50

____ Associate Professional  $25

FEE ENCLOSED  $ ___________

MAKE CHECK PAYABLE TO: American Society for Horticultural Science (Payment must be in U.S. funds)

The following credit cards are accepted:

____ MasterCard  ____ VISA  ____ American Express

Card Number: ___________________________

Expiration: ___________________________

Cardholder’s name: ___________________________

Signature: ___________________________
7. PROFESSIONAL EXPERTISE
Please choose one or more categories in which you can substantiate that you are technically and professionally qualified to practice. Place the category code that you feel the most technically and professionally qualified to practice in the first choice and the next most qualified in the second choice, and so on, up to four choices.

1. ________  2. ________  3. ________  4. ________
Agricultural Administration—P3
Agricultural Climatology—E1
Agricultural Development—F2
Agro-forestry—X0
Agronomic Management—F1
Agronomy (general)—A1
Best Management Practices—F4
Biometrics—A3
Biotechnology—C1
Cell Biology—C2
Computer-assisted Design—B5
Computer Modeling—B4
Computer Uses—B1
Crop Breeding—J1
Crop Chemistry—K5
Crop Cytogenetics—J5
Crop Ecology—L1
Crop Genetics—J7
Crop Marketing—L3
Crop Metabolism—K1
Crop Physiology—K3
Crop Production—L4
Crop Protection—L6
Crop Quality—O1
Crop Science—O2
Cytology—J3
Farm Management—F6
Fertilizer Technology—Y1
Fertilizer Use—Y3
Floriculture—H3
Floristry—H4
Garden Center Management—I7
Genetics—J9
Greenhouse Production—H2
Ground Water Quality—G7
Hazardous Waste Management—G2
Horticulture (general)—H1
Impact Assessment—E4
International Horticulture—I6
Irrigation—R1
Irrigation and Drainage—R2
Molecular Genetics—C3
Nursery Management—I8
Olericulture—H6
Ornamental Horticulture—I6
Pest Management—L7
Pesticide Use—L8
Plant Breeding—J2
Plant Chemistry—K6
Plant Ecology—L1
Plant Cytogenetics—J6
Plant Cytology—J4
Plant Genetics—J7
Plant Metabolism—K2
Plant Nutrition—U1
Plant Pathology—I5
Plant Physiology—K4
Plant Propagation—K7
Plant Taxonomy—K8
Pollution Control—G6
Pomology—H5
Postharvest Physiology—I6
Product R&D—W3
Saline Soils—R5
Seed Production—M1
Seed Technology—M3
Small Fruit Culture—I9
Soil Chemistry—S1
Soil Fertility—U2
Soil Management—W7
Soil Plant Analysis—U4
Statistical Analysis—B6
Tissue Culture—C5
Tropical Agriculture—I3
Tropical Crops—I2
Turfgrass Management—N1
Viticulture—H8
Weed Control—L0
Weed Science—L5
Undefined, Other—Z9

8. LIST NAME AND ADDRESS OF PRESENT EMPLOYER AND IMMEDIATE SUPERVISOR:

____________________________________________________
____________________________________________________
____________________________________________________

Applicants ProfessionalTitle: ________________________________________________________

9. DIRECTORY OF CONSULTANTS. Would you like to be included in the online Directory of ASHS Certified Professionals?

___ YES ___ NO

10. REFERENCES
CPH applicants refer to I.C.3
APH applicants refer to II.D.1.3

List name, professional title, employer, complete mailing address (with ZIP code) and e-mail address for five individuals who are familiar with your horticultural work and qualifications. References will be contacted directly by ASHS.

a. Name/Title ____________________________________________
Address: ________________________________________________
E-mail: __________________________________________________
How long have you known this person: _______________________

b. Name/Title ____________________________________________
Address: ________________________________________________
E-mail: __________________________________________________
How long have you known this person: _______________________

c. Name/Title ____________________________________________
Address: ________________________________________________
E-mail: __________________________________________________
How long have you known this person: _______________________

d. Name/Title ____________________________________________
Address: ________________________________________________
E-mail: __________________________________________________
How long have you known this person: _______________________

e. Name/Title ____________________________________________
Address: ________________________________________________
E-mail: __________________________________________________
How long have you known this person: _______________________

11. SIGNATURE
I hereby certify that all information submitted in support of this application is correct and true to the best of my knowledge and that all information regarding this application will remain confidential. Before Certification is granted, as a final step, I will read and sign the ASHS CPH Code of Ethics.

_____________________________________________________
Date ___________________________ Signature of Applicant
<table>
<thead>
<tr>
<th>Course no.</th>
<th>Dept.</th>
<th>Title</th>
<th>Hours Credit</th>
<th>Office use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sem.</td>
<td>Qtr.</td>
</tr>
<tr>
<td>Plant Physiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3 Sem. Hrs.–4 Qtr. Hrs.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horticulture Crops</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12 Sem. Hrs.–16 Qtr. Hrs.)</td>
<td></td>
<td>(vegetable crops, fruit crops, ornamental crops, greenhouse crops, foliage crops, floral crops, plant propagation)</td>
<td></td>
<td></td>
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<tr>
<td>Plant Management/Plant Production</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6 Sem. Hrs.–9 Qtr. Hrs.)</td>
<td></td>
<td>(weed science, plant pathology, entomology, pest management)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3 Sem. Hrs.–4 Qtr. Hrs.)</td>
<td></td>
<td>(botany, microbiology)</td>
<td></td>
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</tr>
<tr>
<td>Genetics</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>(3 Sem. Hrs.–4 Qtr. Hrs.)</td>
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<tr>
<td>Soil Science</td>
<td></td>
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<td></td>
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<tr>
<td>(3 Sem. Hrs.–4 Qtr. Hrs.)</td>
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<tr>
<td>Chemistry</td>
<td></td>
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<td></td>
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<tr>
<td>(8 Sem. Hrs.–12 Qtr. Hrs.)</td>
<td></td>
<td>(including one course in organic or biochemistry)</td>
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<td></td>
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<tr>
<td>Total Prof. Core Required</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(41 Sem. Hrs.–57 Qtr. Hrs.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Supporting Core</td>
<td>Course no.</td>
<td>Dept.</td>
<td>Title</td>
<td>Hours Credit</td>
</tr>
<tr>
<td>---------------------</td>
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<td>--------------</td>
</tr>
<tr>
<td>Horticultural Specialization*</td>
<td></td>
<td></td>
<td></td>
<td>(6 Sem. Hrs.–9 Qtr. Hrs.)</td>
</tr>
<tr>
<td>Mathematics</td>
<td></td>
<td></td>
<td></td>
<td>(3 Sem. Hrs.–4 Qtr. Hrs.)</td>
</tr>
<tr>
<td>Communications</td>
<td></td>
<td></td>
<td></td>
<td>(6 Sem. Hrs.–9 Qtr. Hrs.)</td>
</tr>
<tr>
<td>Additional—Supporting Core Courses**</td>
<td></td>
<td></td>
<td></td>
<td>(6 Sem. Hrs.–9 Qtr. Hrs.)</td>
</tr>
</tbody>
</table>

*Horticultural specialization courses include those such as breeding, turf management, plant nutrition, tropical horticultural crops, nut crops, viticulture and/or small fruits, processing fruits and vegetables, plant identification, nursery management, landscape horticulture, aboriculture, postharvest horticulture.

**Other supporting courses include those such as irrigation and drainage, soil fertility, soil microbiology, cropping systems, plant protection, horticultural entomology, tissue culture, beekeeping, surveying, finance, marketing, business management, accounting, computer applications.

Document work experience or continuing education that may substitute for any deficiencies: ______________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
# Example 1 of how to complete the Professional Experience form

**Professional Experience Form**  
HORTICULTURIST CERTIFICATION

**INSTRUCTIONS**  
1. List full-time positions in sequential order, ending with current position.  
2. List only professional-level positions in the area of horticulture beyond the baccalaureate degree. Work experience while obtaining an advanced degree should not be included.  
3. List beginning and ending month and year for all positions.  
4. If you have worked two positions concurrently, indicate under the percent time category the yearly percentage of time you worked in each position (see example number two).  
6. Show the percentage of time on an annual basis for each work activity (should total 100%).  
6. Under reference, list the reference(s) most familiar with each work experience.  
7. Duties and responsibilities should be specific and detailed.  
8. Be sure to total years of experience. Remember that work experience gained while seeking a degree does not count toward the ASHS CPH work experience requirement.

## Example #1

**Employment Information**

<table>
<thead>
<tr>
<th>Length From</th>
<th>Degree Level</th>
<th>Employer Name, Location</th>
<th>Professional title</th>
<th>% Time</th>
<th>Duties and Responsibilities</th>
<th>% Time/Activity</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/92–9/93</td>
<td>BS</td>
<td>Young’s Nursery</td>
<td>Production Manager</td>
<td>100</td>
<td>Supervise planting, maintenance, and harvesting of 20 acres of nursey crops. Maintenance program consists of an integrated pest management program to reduce use of pesticides and fungicides. Manage pruning of all types of stock. Supervise drip irrigation system, including fertility injection. Supervise balled and burlap, containerized, and bare-root harvesting.</td>
<td>20 20 25 35</td>
<td>Bob Young Tom Field</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Los Angeles, CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plantation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Madison, WI</td>
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</table>

Years of experience this page _____3_____  
A second example is on the next page
Example 2 of how to complete the Professional Experience form

Professional Experience Form

HORTICULTURIST CERTIFICATION

INSTRUCTIONS
1. List full-time positions in sequential order, ending with current position.
2. List only professional-level positions in the area of horticulture beyond the baccalaureate degree. Work experience while obtaining an advanced degree should not be included.
3. List beginning and ending month and year for all positions.
4. If you have worked two positions concurrently, indicate under the percent time category the yearly percentage of time you worked in each position (see example number two).
5. Show the percentage of time on an annual basis for each work activity (should total 100%).
6. Under reference, list the reference(s) most familiar with each work experience.
7. Duties and responsibilities should be specific and detailed.
8. Be sure to total years of experience. Remember that work experience gained while seeking a degree does not count toward the ASHS CPH work experience requirement.

Example #2

Employment Information

<table>
<thead>
<tr>
<th>Length From To</th>
<th>Degree Level</th>
<th>Employer Name, Location</th>
<th>Professional title</th>
<th>% Time</th>
<th>Duties and Responsibilities</th>
<th>% Time/Activity</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/92–7/98</td>
<td>BS</td>
<td>Montgomery Community College Clearwater, FL</td>
<td>Instructor, Greenhouse Production</td>
<td>10</td>
<td>Teach greenhouse production for County Junior College Units taught are: history—glass vs. plastic, plastic selection, economics of heating air and soil, ventilation, carbon dioxide enrichment, use of steam from electric generating plants. Greenhouse management hands-on units taught are: production of poinsettias, Easter lilies, home garden packs and roses, and pesticide safety. Oversee greenhouse operations and maintenance.</td>
<td>30</td>
<td>Dr. Rose Dr. Walker Dr. Potter</td>
</tr>
<tr>
<td>7/96–7/98</td>
<td>BS</td>
<td>Self-employed Clearwater, FL</td>
<td>Chief Operating Officer</td>
<td>90</td>
<td>Own three production double-plastic greenhouses for hydroponic tomato production for wholesale distribution to local stores, from seedling to finished product. Developed the use of byproduct heat from local generating plant to heat facilities. Oversee pest management program. Maintain and plan injection fertility program. Designed and operate environmental controls. Market products. Supervise crews.</td>
<td>30 15 25 15 10</td>
<td>Dr. Thompson Robert Martin</td>
</tr>
</tbody>
</table>

Years of experience this page ____8.5____
### Professional Experience Form
HORTICULTURIST CERTIFICATION

Last Name: ______________________  First Name: ______________________

Date of degree: BS ______  MS _____  PhD_____  

<table>
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<tr>
<th>Length From</th>
<th>To</th>
<th>Degree Level</th>
<th>Employer Name, Location</th>
<th>Professional title</th>
<th>% Time</th>
<th>Duties and Responsibilities</th>
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Years of experience this page ________

For Office Use
Cert. No.______  Memb. No.______
Area of Certification __________
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<th>Professional title</th>
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Make additional copies of this form as needed.

Years of experience this page __________

Total years of experience including all pages __________
Code of Ethics
ASHS Certified Professional Horticulturist

Article I. Preamble
1. The privilege of professional practice imposes obligations of responsibility as well as professional knowledge. The ASHS Certified Professional Horticulturist Board (CPHB) certifies the credentials of individuals who have completed a BS, MS, or PhD degree and have met the experience requirements set forth by the CPHB. Registrants who knowingly misrepresent their credentials will face disciplinary action.

Article II. Relation of Professional to the Public
1. A Registrant shall avoid and discourage sensational, exaggerated, and/or unwarranted statements that might induce participation in unsound enterprises.
2. A Registrant shall not give professional opinion or make a recommendation without being as thoroughly informed as might reasonably be expected considering the purpose for which the opinion or recommendation is desired, and the degree of completeness of information upon which the opinion is based should be made clear.
3. A Registrant shall not issue false statement or false information, even though directed to do so by employer or client.
4. A Registrant shall endeavor to avoid any action or activity that would have the appearance of a conflict of interest.

Article III. Relation of Professional to Employer and Client
1. A Registrant shall protect, to the fullest extent possible, the interest of his/her employer or client insofar as such interest is consistent with the law and professional obligations and ethics.
2. A Registrant who finds that obligations to their employer or client conflict with the professional obligation or ethics should work to have such objectionable conditions corrected.
3. A Registrant shall not use, directly or indirectly, an employer’s or client’s information in any way that would violate the confidence of the employer or client.
4. A Registrant retained by one client shall not accept, without the client’s written consent, an engagement by another if the interests of the two are in any manner conflicting.
5. A Registrant who has made an investigation for any employer or client shall not seek to profit economically from the information gained, unless written permission to do so is granted or until it is clear that there can no longer be a conflict of interest with the original employer or client.
6. A Registrant shall not divulge information given in confidence.
7. A Registrant shall engage, or advise employer or client to engage, and cooperate with other experts and specialists.
8. A Registrant protects the interests of a client by recommending only products and services that are in the best interest of the client and public.
9. A Registrant protects his/her credibility by disclosing to clients how he/she will be compensated for providing recommendations to the client.

Article IV. Relation of Professionals to Each Other
1. A Registrant shall not falsely or maliciously attempt to injure the reputation of another.
2. A Registrant shall freely give credit for work done by others, to whom the credit is due, and shall refrain from plagiarism of oral and written communications and shall not knowingly accept credit rightfully due another person.
3. A Registrant shall not use the advantage of public employment (i.e., university, government) to compete unfairly with other certified professions.
4. A Registrant shall endeavor to cooperate with others in the profession and encourage the ethical dissemination of technical knowledge.

Article V. Duty to the Profession
1. A Registrant shall aid in the exclusion from certification those who have not followed this Code of Ethics or who do not have the required education and experience.
2. A Registrant shall uphold this Code of Ethics by precept and example and encourage, by counsel and advice, other Registrants to do the same.
3. A Registrant having positive knowledge of deviation from this Code by another Registrant shall bring such deviation to the attention of the Board.

Approved by CPHB/ASHS
July 30, 2010

I understand and agree that failure to adhere to the above Code of Ethics can result in disciplinary action, including the removal of certification.

Print Name: ____________________________________________
Signature: ____________________________________________ Date: ___________________
The American Society for Horticultural Science
Certified Professional Horticulturist

Continuing Education Units Reporting Form

Please PRINT and use a black or blue pen to complete this form.
See the back of this form for instructions.

First Name _______________________ Middle Initial _____ Last Name ______________________
Certification Number ____________

Professional Meeting:
Title ________________________________________________________________________________
No Acronym’s please
Instructor Last Name/Session _________________________________________________________
Date _______/_______/_______ Location (City & State) ______________ CEUs ____________

Self-Directed Study
Title and Publication _________________________________________________________________
No Acronym’s please
Author Last Name __________________________________________________________________
Date _______/_______/_______ CEUs __________

Community Service
Board Name __________________________________________–______________________________
No Acronym’s please
Date ________/________/________ CEUs __________

Author/Educational Materials
Title and Publication _________________________________________________________________
No Acronym’s please
Date ________/________/________ CEUs __________

I hereby certify that all information submitted on this form is correct and true to the best of my
knowledge. I recognize an ethics violation may revoke my certification status.

Signature______________________________________ Date _______/_______/_______

This form may be mailed or faxed to the ASHS Office.
The mailing address is ASHS CEU, 1018 Duke Street, Alexandria, VA 22314; 703.836.2024 (fax).

See back of form for additional information.
ASHS Certified Professional Horticulturist Continuing Education Unit Reporting Form

Instructions

There are Four Activities eligible for Continuing Education Units:

Professional Meetings: (no maximum) Short courses, workshops, clinics, conferences, symposia, seminars, field days, college courses, scientific presentations, distance education. Provide location (City, State) and who sponsored the meeting and the name of lecturer(s) [i.e. ASHS Annual Conference, St. Louis, MO – Cut Flowers Workshop – John Doe].

Self Directed Study: (20 CEU maximum) scientific journals (reported by article, 1 CEU = about 2,500 word article), books, videos. Must provide the name of journal, title of article [i.e. HortTechnology (10)2 pgs. 140-145].

Community Service: (10 CEU maximum) elected to professional boards, service to profession (e.g., professional society committees, exam committees, standards/ethics panel, certification boards, editorial boards), city, town, county committees, expert witness, community service related to profession.

Author/Educational Materials: (10 CEU maximum) Title of scientific papers and books, popular articles, consultant reports, preparing educational materials. Provide name of publication work is published in [i.e. HortTechnology (10)2 pgs. 140-145].

About the Reporting Form:

Audit—This form is subject to audit by the certifying board. If you are audited you will be requested to provide documentation of your attendance. Registrants should keep documentation on file, such as meeting agendas.

Reporting—You may report one activity for each of the four categories per form. It is best to report the activity as soon after completion as possible. This will allow ASHS to provide you with up to date CEU statements and information.

The CCA Board Approved CEUs—You MUST fill out this form if the activity you attended was CCA Board Approved and you signed in to earn CEUs. They will not appear automatically on your CEU statement.

Completing the Form:

1. Write in your full name (first, middle initial, last) and certification number.

2. Select the primary category (categories). i.e., Professional Meetings, Self Directed Study, Community Service and/or Author/Education Materials. You may report up to one activity for each of the four categories per form.

3. Date and Location: Write in the date of the activity and location. If the activity occurs over a period of several days, the date of completion will appear on your report.

4. Calculating Continuing Education Units: One hour of activity = one CEU. Round off to the nearest one-half hour. Use the following guidelines for individual items.

   Activity Time
   30 to 45 minutes = 0.5 CEUs
   46 to 75 minutes = 1.0 CEUs
   76 to 105 minutes = 1.5 CEUs

5. Submission:
   a. Sign and date the form. (Note: Providing false information is a violation of the ASHS Certified Professional Horticulturist Code of Ethics and may cause the revocation of your certification.)
   b. Fax to: 703-836-2024 or mail to: ASHS, CEUs, 1018 Duke Street, Alexandria, VA 22314.

Exemptions:

To maintain certification, a Certified Professional Horticulturist (CPH) is required to complete 40 Continuing Education Units (CEUs) every two-year cycle. The CPH Board recognizes that extenuating life circumstances can sometimes cause the accrual and maintenance of these CEUs to be a hardship to an individual and his or her family. Therefore, should a CPH contact the Program Coordinator or a CPH Board Member with a claim of hardship due to maternity leave, extended illness, family emergency, military service, or other extenuating circumstances not previously mentioned, the CPH may be considered eligible for one or more of the following exemptions:

1. Parental Leave—The number of CEUs required for the reporting period would be reduced by percentage relating to the amount of time the CPH was unable to accrue. For example, if a CPH were on parental leave for six months, this would be 25% of the reporting period. He or she would then be required to complete 30 CEUs (75% of the total requirement) for that reporting period. During this time, the CPH would be required to maintain dues.

2. Request for Inactive Status—An example of a request for inactive status would be if a CPH has an ailing family member in need of full-time care. The CPH would request inactive status until able to return to the work community. During this time, the CPH would be required to maintain dues, and would remain in the CPH directory, but would have an “inactive” notation placed beside his or her name. A certificate would be issued indicating the “inactive” status. When the CPH returns to active status and reports his/her first CEUs, a certificate will be issued, removing the “inactive” designation.

3. Flexible Reporting of Maximum “Self-directed Study”—A CPH may be allowed more flexibility in the types of CEUs accrued. For example, if a CPH were called for military overseas duty for six months, this period of duty would account for 25% of the normal two-year reporting period. The CPH Board would extend “Self-directed Study” time 75% of the normal two-year period, or 30 CEUs accomplished by reading printed or electronic materials.
In addition to assisting professional advancement, CPH certification also contributes to the status and visibility of horticulture by:

- Promoting and encouraging professional development, growth, and renewal
- Publicizing and exemplifying the CPH Code of Ethics
- Meeting state and national requirements regarding professional recommendations to the public

In today’s professional environment, we are often expected to present our expertise and qualifications to those needing our services. The Certified Professional Horticulturist program and CPH designation allows potential clients a good degree of comfort and assurance that these services will be provided by a qualified, trained professional.

—Jeff Norrie, PhD, PAg, CPH
The study of plants has always fascinated me. Of the many plant science disciplines, horticulture is my favorite. As a landscape designer, I strive to make the most of outdoor spaces, both aesthetically and functionally. It is my goal to promote sustainable horticultural practices while enjoying the tremendous beauty of the diverse plant world. It is also my ambition to be a life-long student of all the many facets of horticulture. —Lise Pittman Foy, CPH

Administered by the ASHS Certified Professional Horticulturist Board, (CPHB), a CPH certification is granted based on scholarly presentation, required participation in continuing education programs in particular areas of specialization, and work experience supported by references.

Individuals certified by the CPHB have met educational and practical experience standards, subscribe to the CPH Code of Ethics, and qualify for identification and recognition as professionals of excellence in their field.