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): _______________________________________________

   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:  $150 for members; $250 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 $150 for individuals employed by MNLGA member firms or $250 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!