



Arkansas Certified Nursery and Landscape Professional Spring 2020 Review Class & Exam Registration

Friday, Feb. 21 (Class) & Monday, Feb. 24 (Exam)
Room 306, Cooperative Extension Service at UA Little Rock
2301 S. University Ave., Little Rock, AR

• You must have either one year of work experience OR hold a degree in horticulture or a related and approved field OR hold a certificate in a related vocational or technical school to sit for the exam. You must be a member of the AGIA.

• The exam consists of three sections - 1) Horticultural Knowledge, 2) Plant ID (3) Landscape Calculations. Exam takers must receive 70% or above in each section to become certified. Exam takers will be given credit for parts of the exam which are passed and may retake sections they do not pass in the future (given twice a year.)

Review Class - a full day review of the three sections to improve pass rate. The Plant ID list is accessed from the website: www.argia.org/certification.

Applicant's Names _____ Date _____

My company or employer is a current member - Yes _____ No _____ I would like to join _____

Place of Employment _____ Title _____

Mailing Address _____ City _____ ST _____ Zip _____

PHONE _____ FAX _____ E-MAIL _____

PAST WORK HISTORY IN THE HORTICULTURE INDUSTRY

Employer's Name	Location	Type of Work or Title	Dates of Service

To be completed by employer or manager

I verify that this applicant has been in my employment from _____ to present in the position indicated above. (Service time must be related to horticultural work.)

Employer Name _____ Title _____

Employer Signature _____ Date _____

Retesting?

Check section you are retesting for

Part 1- Horticultural Knowledge _____

Part 2- Plant Identification _____

Part 3- Landscape Calculations _____

EDUCATIONAL BACKGROUND- fill in highest level completed

High School _____ City/ State _____ Year Graduated _____

Vocational/Tech School _____ City/ State _____ Degree Received _____

College Name _____ Course of Study _____ Degree Received/year _____

Other training or education _____

\$ Review Class & Exam <i>(lunch included on review day)</i>	Member \$125.00	\$ _____
Certification Study Manual	\$45.00	\$ _____
Review Class Only	\$85.00	\$ _____
Exam Only	\$60.00	\$ _____
Exam retakes/section	\$20.00/section	\$ _____
*Active Membership	\$175.00	\$ _____
*Associate Membership	\$70.00	\$ _____
*please contact the office to see if you are eligible for membership		
	TOTAL	\$ _____

<p>Pay with Credit Card</p> <p>MC _____ VISA _____</p> <p>Exp. Date _____</p> <p>CVV (last 3 #'s on back) _____</p> <p>Card Number: _____</p> <p>_____</p> <p>Print Name on Card</p> <p>_____</p> <p>Signature of card holder</p> <p>_____</p>

RETURN FORM with payment to: AGIA, PO BOX 21715, Little Rock, AR 72221.
Fax back to 501-224-0988, Questions? Call 501-225-0029 or visit www.argia.org