

**Arkansas Certified Nursery and Landscape Professional
March 2019 Review Class & Exam Registration
March 11 (Class) & March 15 (Exam)
Cooperative Extension Service at UA Little Rock
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	\$160.00	\$ _____
*Associate Membership	\$55.00	\$ _____
*please contact the office to see if you are eligible for membership		
	<u>TOTAL</u>	\$ _____

Pay with Credit Card
 MC _____ VISA _____
 Exp. Date _____
 CVV (last 3 #'s on back) _____
 Card Number: _____

 Print Name on Card

 Signature of card holder

**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**