

**Arkansas Certified Nursery and Landscape Professional  
FALL 2019 Review Class & Exam Registration**  
Friday, Nov. 1 (Class) & Monday, Nov. 4 (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](http://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 \_\_\_\_\_

<b>\$ Review Class &amp; Exam</b> <i>(lunch included on review day)</i>	<b>Member</b> <b>\$125.00</b>	\$ _____
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		
	<b><u>TOTAL</u></b>	\$ _____

<b>Pay with Credit Card</b>
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](http://www.argia.org)**