



Certification Exam Application

November 23, 2009, Executive Room, Crowne Plaza Hotel, 1:00pm-5:00pm



Applicant Name: _____
 Company Name: _____
 Preferred Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ Fax: _____
 Email: _____

Certified Horticultural Technician

Written exam at HortEast, Practical Exam in April 2010. Please select a module below:

- Hardscape Installation (\$350 M/\$450 NM) Ornamental Maintenance (\$350 M/\$450 NM)
 Softscape Installation (\$350 M/\$450 NM) Retail Garden Centre (\$350 M/\$450 NM)
 Turf Maintenance (\$300 M/\$400 NM) Interior Landscaping (150 M/\$225 NM)

M= Member Price, NM= Non-Member Price

Retest Fees:

Interior: \$50 M/\$100 NM
All other modules: \$50 admin fee + \$15 per station

Verification of Experience (To be completed by Employer): **REQUIRED for 1000 Hours of Experience**

Applicant: _____ has worked in the Horticulture Industry for _____ months and _____ years.

I verify that the above applicant has experience in the general skills areas to be evaluated by the Atlantic Region Certification Committee.

Name (Please Print): _____ Signature: _____

Date: _____ Company: _____

Certified Landscape Designer

Test Fees: \$325 M/\$425 NM **Retest Fees:** \$65 M/\$100 NM

Experience/Education: Degree plus 4 years experience OR Diploma plus 5 years experience OR 7 years experience.

Education and Employment History (copy of degree/diploma, employer references): attach separate sheet(s) if needed

Certified Landscape Professional

Test Fees: \$325 or \$65 per section (max. \$325) M/\$425 or \$65 per section (no max.)NM **Retest Fees:** \$45 per section

Experience/Education: Degree plus 3 years experience OR Diploma plus 4 years experience OR 5 years experience.

Education and Employment History (copy of degree/diploma, employer references): attach separate sheet(s) if needed.

- Exterior Landscaping Interior Landscaping
 Full Exam Partial Exam (Select Sections Below)
 Risk, Law & Contracts Financial Management Leadership & Corporate Citizenship
 Strategic Planning Sales & Marketing Technical Operations Human Resources

Payment Information:

Cheque (payable to CNLA) enclosed
 Credit Card (Visa/MC) below
 Cardholder Name: _____
 Credit Card Number: _____ Expiry Date: _____
 Signature: _____

M= Member Price, NM= Non-Member Price

Association Member: YES NO
 New Candidate Retest Candidate
 Test Fee: _____
 GST (5%): _____
 Total Amount Payable: _____

FAX or MAIL COMPLETED FORMS TO:

Julia Ricottone, CNLA, 7856 Fifth Line South, Milton, ON, L9T 2X8 ~ 1-866-833-8603