

New Hampshire Landscape Professional Certification Program
APPLICATION FOR EXAMINATION

Name _____ Date _____

Address _____

City/ State/ Zip _____

Telephone _____

This application is for:

_____ Initial Certification _____ Re-examination _____ Date of Previous Exam

I certify that the information contained in this application is true. I understand that falsification of information in this application is grounds for revocation of certification. I also authorize New Hampshire Landscape Professional Certification Committee to contact employers of sponsors named herein for verification of information.

Signature _____ Date _____

Eligibility Requirements:

A total of three years' employment in the landscape industry except for seasonal layoffs, or not less than two years of field work and one year of horticultural education.

List Recent Employer(s):

Employer _____ Telephone _____

City/ State/ Zip _____

Job Title _____ Dates of Employment _____

Employer _____ Telephone _____

City/ State/ Zip _____

Job Title _____ Dates of Employment _____

Employer _____ Telephone _____

City/ State/ Zip _____

Job Title _____ Dates of Employment _____

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Education Eligibility:

Successful completion of a post-high school course in horticulture.

Name of School _____

Address of School _____

City/ State/ Zip _____

Course Completed _____

Dates _____

Signature of School's Major Instructor, Advisor, Dean or Registrar:

_____ Title

_____ Date

This Application must be completed and submitted by: MARCH 1, 2008

Fees:	\$60.00	NHLA Member
	\$95.00	Non-member
	\$30.00	Re-exam per section
	\$75.00	Study Manual

Include the proper fee and the signed New Hampshire Certified Landscape Professional Code of Ethics Form and mail with completed application to:

**New Hampshire Certified Landscape Professional
c/o Guy Hodgdon
50 Debbie Lane
Eliot, Maine 03903
Telephone: 1-800-639-5601**

CODE OF ETHICS

NEW HAMPSHIRE CERTIFIED LANDSCAPE PROFESSIONAL

In order to earn the title of *New Hampshire Certified Landscape Professional*, applicants must successfully complete a written examination, attest to educational and / or field experience, and agree to abide by the following rules:

1. I will promote the highest ethical standards in the conduct of myself and my business.
2. I will assume the responsibility of meeting the objectives of the New Hampshire Landscape Association (NHCLA).
3. I will strive to improve my knowledge and skills in the field of horticulture.
4. I agree that, should my Certification not be renewed or be revoked for any reason, I will not display any distinguishing emblems or titles, or in any manner whatsoever imply that I am a *New Hampshire Certified Landscape Professional*.
5. I fully understand that, should I be granted certification, such certification is limited and must be renewed each year by earning Maintenance Credits and payment of the renewal fee to NHCLA. I understand that my certification will be automatically revoked unless renewed.
6. I understand that certification is granted by the New Hampshire Landscape Association as recognition of knowledge and achievement for those who voluntarily qualify and is in no way mandatory. I understand that, upon certification, I am entitled to call myself a *New Hampshire Certified Landscape Professional* and to use the initials NHCLP after my name, as well as to display the certification emblem in all forms.

I AGREE TO ALL THE ABOVE RULES.

_____ (Signature)

_____ (Date)