

MAINTENANCE CREDIT CRITERIA

**** 5 credits are required for Recertification ****

- Membership in NHLA or employment by NHLA member. 1 point / year _____
Name of the member firm _____
- A student in higher education courses in horticulture. 1 point / credit hour _____
List School & Subject _____
- Attendance at an NHLA full-day conference or any all-day function of any other Green Industry related association. 1 point / day _____
List program(s) _____

- Published articles in landscape or horticultural journals (not in company newsletter) 1 point each _____
List article & publication _____
- Instructor in higher education courses in horticulture. 1 point / credit hour _____
List institution and course _____
- New Hampshire State Pesticide License. 1 point / year _____
Certification # _____
- Teaching training courses of five or more weeks. 1 point / course _____
List institution and course _____
- Service to NHLA: as an officer 1 point / year _____
as a committee member 1 point / year _____
- Each membership in another related professional association 1/2 point / year _____
List association _____
List association _____
List association _____
- Speaker at professional associations' meetings, short courses, Lectures, or related association meetings. 1/2 point / lecture _____
List programs, etc. _____

Service to other professional horticultural associations:
as an officer of (name of association) _____ 1/2 point / year _____
as a board member or committee chair
(name association and committee) _____ 1/2 point / year _____

Attendance at any NHLA meeting 1/4 point _____
List meeting(s) and date _____
List meeting(s) and date _____
List meeting(s) and date _____

Panel discussion participant at such meetings 1/4 point / panel _____
List meeting(s) and date _____
List meeting(s) and date _____

Attendance at NHLA / NHCLP accreditation workshop. 1 point / workshop _____
List program(s) and date(s) _____
List meeting(s) and date _____

The NHCLP should receive a Maintenance Credit Criteria form like the one above, each year prior to the renewal date, which shall be the first day of April following the date of Certification completion. Should you not receive this form, it is the responsibility of the NHCLP to contact the NHLA Business Manager.

Total points _____ Name _____ Cert. # _____

Enclosed is my check for \$ 20.00 made out to: NHLA.

I attest the above to be an accurate account of my activities.

Signature _____ *Date* _____

Address _____

This completed form and the renewal check should be mailed to:

Guy Hodgdon, NHLA Business Manager, 50 Debbie Lane, Eliot, ME 03903

IF ALL CRITERIA FOR RENEWAL IS NOT RECEIVED BY
APRIL 1st, THE NHCLP WILL BE REMOVED FROM THE
CERTIFICATION LIST AND WOULD HAVE TO RETAKE THE
EXAM TO BECOME CERTIFIED AGAIN.