



**DELAWARE CERTIFIED NURSERY PROFESSIONAL
Application for Examination**

Name: _____ Date: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____

This application is for:

- Initial Certification Exam (includes core exam and at least one specialty exam.)
- Re-test of Exam

Date of Previous Exam _____

- Additional Specialty Exam(s) in a subsequent year.

Check Specialty Exam(s) you plan to take. (You must check one).

- ___ Turfgrass Specialist
- ___ Landscape Design Specialist
- ___ Greenhouse Specialist
- ___ Nursery Specialist
- ___ Retail Specialist
- ___ Landscape Specialist

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.

Signature: _____ Date: _____

ELIGIBILITY

Experience of Education

Current Employer: _____

Address: _____

Position: _____ Employed Since: _____

Previous Employer: _____

Address: _____

(List additional employers on the back of this form.)

Completed 1-2-3-4 Years of College (Circle One)

Name of College, Degree & Major: _____

COST Initial Exam \$25 D.N.L.A. Members, \$50 Non-Members

Retest \$10

Additional specialty exams in a subsequent year \$15

Return application with payment, made payable to Delaware Nursery & Landscape Assoc. to:

Valann Budischak

Delaware Nursery & Landscape Assoc.

P.O. Box 897

Hockessin, DE 19707

(888) 448-1203

Note: 3 years of full-time employment within the Ornamental Horticulture Industry (2 years part-time, minimum 500 hours per year, will constitute one year of full-time employment), OR 2 years of full-time industry employment and 2 year post-secondary education in horticulture, OR 1 year of employment and 4 years of post-secondary school education. It will be the applicant's responsibility to submit letters of reference from past employers, if requested.