

# DELAWARE CERTIFIED NURSERY PROFESSIONAL

*Grow with  
a pro!*



## CERTIFICATION

To become a Delaware Certified Nursery Professional, you must obtain a score of 70 or above on all three sections of the core test and one specialty test. Additional specialty tests may be taken if desired. You must also sign a Delaware Certified Nursery professional code of ethics.

Continuing education is required to maintain your certification status. Credits are earned by attending at least one industry related educational program per year.

Certification must be renewed every three years. To retain CNP status, you must pay a \$10 renewal fee and earn three educational credits over the period of three years or retake the test.



One objective of the Delaware CNP program is to raise the professional standards of the nursery, landscape, and garden center industries by giving special recognition to individuals who have demonstrated a high level of competence in the principles and practices relevant to these industries. The program will promote the education and training of new employees. As well as the continuing education and training of all nursery, landscape and garden center employees, including owners, and managers.

The high level of competence demonstrated by a Delaware Certified Nursery Professional will be recognized by the gardening public as well as within the nursery, landscape, and garden center industry.

Delaware Certified Nursery Professionals will receive a certificate and a patch. Additional promotional materials such as hats and decals are available.

### DELAWARE CERTIFIED NURSERY PROFESSIONAL TRAINING MANUAL ORDER FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_

#### MANUAL RATES:

MEMBERS: Send me \_\_\_\_\_ at \$50 each = \$ \_\_\_\_\_

NON-MEMBERS: Send me \_\_\_\_\_ at \$100 each = \$ \_\_\_\_\_

TOTAL AMOUNT OF CHECK .....\$ \_\_\_\_\_

*Return the order form with payment to:*  
**Delaware Nursery and Landscape Association**  
P.O. Box 897  
Hockessin, DE 19707