

Colorado Nursery & Greenhouse Association Certification Examination Application

Exam Applying For: _____ Certified Greenhouse Grower (CGG)
_____ Colorado Certified Nursery Professional (CCNP) _____ New Mexico Certified Nursery Professional (NMCNP)

*****This Exam Application form must be completed and returned to the CNGA office before your certification will be awarded, regardless of test scores.*****

NAME: _____ PHONE: _____

E-MAIL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CURRENT EMPLOYER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

Applicants must have two years or 2000 hours work experience with a Colorado licensed nursery, greenhouse, garden center or allied contractor to begin the certification process. You need only account for the two years (2000 hours), and A SIGNATURE FROM EACH EMPLOYER IS REQUIRED. Use a separate sheet of paper if more space is needed for employment record.

EMPLOYER: _____

EMPLOYER: _____

ADDRESS: _____

ADDRESS: _____

DATES OF EMPLOYMENT: _____

DATES OF EMPLOYMENT: _____

VERIFICATION SIGNATURE: _____

VERIFICATION SIGNATURE: _____

To qualify for certified status, I authorize the Colorado Nursery & Greenhouse Association to verify the employment information provided above. I understand that if any information given is inaccurate, it may lead to revocation of my certification.

Name (as you would like it to appear on your badge and certificate): _____

Please select a badge option: MAGNET: _____ or PIN ON: _____

Please make sure to read the requirements on the back and sign and date this form.

For CNGA Office Use Only:

Certification # _____ Badge Issued _____ Certificate Issued _____

This acceptance contract must be signed by applicant before consideration for certification will be honored by the Colorado Nursery & Greenhouse Association Certification Committee.

As a Certified Greenhouse Grower, Colorado Certified Nursery Professional, or New Mexico Certified Nursery Professional, I agree to the following conditions:

1. I will abide by the current rules and regulations and any future additions or changes as adopted by the Colorado Nursery & Greenhouse Association (CNGA) Certification Committee.
2. I will promote the highest ethical standards in my conduct as well as the conduct I portray at the greenhouse or nursery of my employment.
3. I will make continued efforts to learn more about greenhouse or nursery products and improve my skills at all levels.
4. I understand that my certification, should it be granted, will be valid for a period of **THREE YEARS**. During those years I must attend at least three CNGA sponsored seminars/functions and work at least 2000 hours and pay a recertification fee. Should I fail to comply with these or future requirements, I understand that the CNGA Certification Committee may revoke my certification.
5. I agree that should my certification ever be revoked because of non-payment or failure to re-certify that I will not display any distinguishing emblems, titles or in any way imply or publicize that I am certified.
6. I understand that the Colorado Greenhouse Grower (CGG), the Colorado Certified Nursery Professional (CCNP), and the New Mexico Certified Nursery Professional (NMCNP) status is granted by the CNGA Certification Committees as recognition for those greenhouse and nursery professionals who voluntarily qualify. CGG, CCNP, and NMCNP status is in no way mandatory and may be granted, refused or revoked at the discretion of the Committee. Upon certification, I am entitled to be called a Certified Greenhouse Grower, a Colorado Certified Nursery Professional, or a New Mexico Certified Nursery Professional and may use the initials "CGG", "CCNP", or "NMCNP" behind my name and may display the CGG, CCNP, or NMCNP emblems in all forms.
7. **I understand that it is my responsibility to notify the CNGA office of my current mailing address and employer, and that failure to do so may result in the lapse of certification.**

In making this request for certification, I agree to all of the requirements on this sheet with no reservations (please read the requirements before signing below).

SIGNATURE OF APPLICANT: _____ DATE: _____

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