

Application for Examination



Massachusetts Certified Horticulturist

Application for Examination

Return to:

Massachusetts Nursery and Landscape Association, Inc.
P.O. Box 924
Palmer, MA 01069
www.mnla.com

Fee: \$65.00 Member, \$95.00 Non Member; \$35.00 Retest

Name (please print):		
Home Address:		Home Phone:
City	State	Zip Code
Email:		<u>Book Identification Number</u>

This application is for: __ Initial Exam __ Retest of Exam (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 the Massachusetts Certified Horticulturist Board to contact employers and educational institutions named herein for verification of information.

Signature _____ Date: _____

Employment Eligibility: (Total of three years employment in the commercial horticultural industry, except for seasonal lay-offs, or two years if meeting educational requirements.)	Education Eligibility: (Successful completion of 2 or more years of a post-high school course in horticulture—Only complete if your employment history is less than 3 years.)
Current Employer	Name of School
Address	Address
City State Zip Code	City State Zip Code
Phone	Course Completed
Job Title	Degree Earned:
Dates of Employment *Total of 3 years employment	Dates Attended
* Use separate sheet of paper for additional employment information, <u>if necessary.</u>	Major Instructor/Dean or Registrar Date

*It is recommended that this application be submitted with the proper fee and the signed MCH Code of Ethics (see reverse) at least 10 days prior to the examination date. **Registration in advance is required.***

Code of Ethics



Massachusetts Certified Horticulturist

Code of Ethics

I HEREBY AGREE TO ABIDE BY THE FOLLOWING RULES AS A
MASSACHUSETTS CERTIFIED HORTICULTURIST.

1. I will promote the highest ethical standards in the conduct of myself and my horticultural enterprise
2. I will make continued efforts to learn more about horticulture and improve my skills therein.
3. I agree that, should my certification not be renewed or ever be revoked for any reason, I will not display any distinguishing emblems or titles or in any manner whatsoever imply that I am a Massachusetts Certified Horticulturist.
4. I fully understand that, should I be granted certification, such certification is limited and must be renewed each year by the earning of maintenance credits and the payment of a renewal fee. I understand that my certification will automatically be revoked unless renewed.
5. I understand that certification is granted by the nursery industry as recognition of knowledge and achievement for those who voluntarily qualify and is in no way mandatory.
6. I understand that, upon certification, I am entitled to call myself a Massachusetts Certified Horticulturist and use the initials MCH after my name, as well as display the MCH emblem in all forms.

I AGREE TO ALL THE ABOVE RULES WITH NO RESERVATIONS
IN MAK-ING THIS REQUEST FOR CERTIFICATION.

Signature _____ Date: _____

Name of Applicant: _____
(Please Print)

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ALL MCH candidates must provide an original Book Identification Number in order to take the MCH examination.