



EXAM APPLICATION

FNGLA CERTIFIED LANDSCAPE DESIGNER (FCLD)

(Applicants for FNGLA's Certified Landscape Designer (FCLD) exam must complete this application in its entirety. Please print or type. If the application is not legible or completely filled out, it will be returned to you. FCLD applicants must already hold a valid FCHP designation.)

Legal Name _____

Preferred Name _____

Home Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

E-mail _____

Employer/Company Name _____

Job Title _____ How Long? _____

Company Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

FNGLA Member? Yes No Member Co. Name _____

Refunds: In the event you are unable to take the exam, you must cancel your registration to receive a refund, less a 10% filing fee. Exam fees will be held for a maximum of 6 months prior to your exam.

Americans with Disabilities Act: It is the intent of the Florida Nursery, Growers & Landscape Association (FNGLA) to comply with the Americans with Disabilities Act. If you require special accommodations to fully participate in FNGLA's certification exams, please make FNGLA aware of your needs, with the necessary documentation.

Please mail completed application, full payment, and any required documentation to
FNGLA, 1533 Park Center Drive, Orlando, FL 32835 * 800-375-3642
Or fax completed application, with credit card payment, to FNGLA at 407-295-1619.

FNGLA's industry certification programs are voluntary and not required by law to do business in Florida. FCHP, FCLT, FCLMT, FCLC and FCLD are administered by the Florida Nursery, Growers & Landscape Association, Inc., Orlando, Fla.

Fees: Exam fee covers one exam attempt only. Retests are charged per section.

Exam	Member	Non-Member
<input type="checkbox"/> FNGLA Certified Landscape Designer	\$200	\$300

I verify that I have successfully completed the FNGLA Certified Horticulture Professional (FCHP) exam. FCHP number: _____

Payment:

My check for \$_____ is enclosed and made payable to FNGLA

Please charge my payment of \$_____ to ___ Visa ___ MC ___ Discover

Card Number _____ Exp. Date _____

Name on Card _____ Signature _____

Card Billing Address _____

CODE OF ETHICS / STANDARDS OF PRACTICE

(Please read and sign the following statement.)

As a certified industry professional, through the Florida Nursery, Growers & Landscape Association, I hereby agree to abide by the following Code of Ethics.

1. I will promote the highest ethical standards in the conduct of my horticultural work and myself.
2. I will diligently make efforts to improve my knowledge, skills and the industry by continuing my professional education and exchanging knowledge with colleagues.
3. I will be truthful in oral and written statements concerning the services I am qualified to offer.
4. I will protect the environment and discourage damage to our natural resources.
5. I will refrain from expressing an uninformed opinion on any issues relating to my profession.
6. I will utilize my personal knowledge and skills for the greatest good of my clients, the industry and the environment, in a manner that will further the status of the nursery and landscape industry as a respected profession.
7. I understand that upon being certified, I will be entitled to be called an FNGLA Certified Industry Professional and may use the initials of my certification and display its name and logos.
8. I understand that should my certification expire or be revoked, I will not display any distinguishing logos or titles or imply or publicize that I am certified.
9. I understand I am responsible for providing FNGLA with proof of my Continuing Education Units (CEUs) for renewal prior to expiration.
10. I understand I must notify FNGLA of any changes in the place of my employment or my home address.

X _____

Liability Release Form & Professional Agreement for Landscape Certifications Field Exams

Due to the rigorous nature of this exam, FNGLA recommends getting your physician's approval before participating. The exam consists of hands-on work stations and is physically demanding.

I agree to conduct myself in a professional manner throughout the entire exam and will direct comments and concerns to the appropriate FNGLA representatives. I release the Florida Nursery, Growers & Landscape Association, Inc., and the exam site host of any liability resulting from injury to myself as a result of participation in the FNGLA Certified Landscape Contractor, Designer or Technician programs.

X _____ Date: _____

PROFESSIONAL WORK EXPERIENCE

(Complete this form if your current employment listed on page 1 does not cover the two years of required experience for the FCLD certification. You do not need to complete all available spaces.)

Name of Applicant _____

Previous Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Position _____ Dates of Employment _____

Previous Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Position _____ Dates of Employment _____

EDUCATIONAL BACKGROUND

(This is to acquaint us with your skills and talents. All information is kept strictly confidential.)

College/University: _____ City/State: _____

Year Graduated: _____ Major: _____ Degree Earned: _____

Community College: _____ City/State: _____

Year Graduated: _____ Major: _____ Degree Earned: _____

Technical Education Center: _____ City/State: _____

Year Graduated: _____ Major: _____ Degree Earned: _____

Certificate Program:

(List length of program, date of certification, or full term courses completed.)

Other Significant Courses:

(Design, horticulture, etc. Describe, including length of course and sponsoring organization.)

Honors, Achievements, Published Articles, Other Relevant Experience: