

Amount: \$

## RECERTIFICATION APPLICATION







Re		Certified Greenhouse Growensery Professional (NMCNP)	er (CGG) Colorado	o Certified Nursery Professional (CCNP)	
	New Mexico Certified N	irsery Professional (NWICINI)			
Ap ali	plicant Name:	provide your current home information	for recertification purposes. This in	Certification#	
Но	me Address:				
			E–Mail Address:		
Co	mpany Name:				
Co	mpany Address:				
Tel	lephone Number:		Best Way to Contact you:		
Yo	u must meet the following crite	ria to recertify. Recertification	is every three years.		
1.	A re-certification fee is required: \$50.00 for employees of CNGA-member companies; \$100.00 for employees of GreenCO members and non-members. Make checks payable to Colorado Nursery & Greenhouse Association.				
2.	The purpose of recertification is to encourage you to continue your education and professional growth. Please attach a one-page, typewritten statement elaborating on the activities that you have done, and describing your efforts in the past three years to meet the education and growth goals. If the Certification Committee has questions relating to your continuing education, you will be contacted. The following is a partial list of activities that count towards eligibility for recertification: seminars attended/presented, include title, description, location and date. Trade Association participation; include committee name and volunteer description. TV/Radio/ Published Media; include topic, station/publication and date. Community service, volunteer work, classes attended/taught; include title and description (ProGreen counts); projects worked on, etc. **Please note that recertification is at the discretion of the Certification Committee.				
3.	Over the past three years, at least 2,000 hours must have been spent working for a Colorado licensed nursery, garden center, greenhouse, contractor, allied industry, or be a member of a green industry association in Colorado or neighboring Rocky Mountain state. List employer(s) you have worked for during the past three years.				
Company Name		Supervisor Name		Telephone #	
I c	ertify that the information gi	ven is correct. Signature:			
		For CNGA Certificati	on Committee Use O	nly	
	-			Tag:	
	1 3	We accept Visa, M	aster Card and Discover.		
Ca	rd #:		Exp.:	/V-code:	
Na	me on Card:				
 Em	nail:		Purchase	d: <b>Recertification</b>	

\_\_ PO#:\_\_\_