Colorado Nursery & Greenhouse Association
Certification Application/Experience Verification

Certification I am applying for:

- ☐ Certified Greenhouse Grower (CGG)
- ☐ Colorado Certified Nursery Professional (CCNP)
- ☐ New Mexico Certified Nursery Professional (NMCNP)

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

Certification is tied to you, the applicant, and not the company you are employed by, so please provide your home mailing address/personal contact information so we can still reach you if you change employers. We will not use this information for any other reason.

NAME: CELL PHONE:

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

WORK EMAIL: PERSONAL EMAIL:

HOME ADDRESS (CITY, STATE, ZIP)

CURRENT EMPLOYER: EMPLOYER PHONE:

EMPLOYER ADDRESS (CITY, STATE, ZIP)

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

EMPLOYER 1: EMPLOYER 2:

EMPLOYER ADDRESS (CITY, STATE, ZIP): EMPLOYER ADDRESS (CITY, STATE, ZIP):

DATES OF EMPLOYMENT: DATES OF EMPLOYMENT:

EMPLOYER SIGNATURE:_____ EMPLOYER SIGNATURE:_____

EMPLOYER 3: EMPLOYER 4:

EMPLOYER ADDRESS (CITY, STATE, ZIP): EMPLOYER ADDRESS (CITY, STATE, ZIP):

DATES OF EMPLOYMENT: DATES OF EMPLOYMENT:

EMPLOYER SIGNATURE:_____ EMPLOYER SIGNATURE:_____

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

As a Certified Greenhouse Grower (CGG), Colorado Certified Nursery Professional (CCNP), or New Mexico Certified Nursery Professional (NMCNP), 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 Committees.

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 if I move or change employers, and that failure to do so may result in the lapse of my certification.**

In making this applicatoin 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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For CNGA Office Use Only:		
Certification Type:	**Certification #:**	**Mailing List:**
Badge Issued	**Certificate Issued**	**Certification Database**