

Idaho Nursery & Landscape Association Certified Nursery Professional & Certified Plant Diagnostician Test Application



Date of Application_____ Applicant's Name_____ Home Address City_____State___Zip____ Email: ______Home telephone____ Number of years worked in industry _____ Currently employed at _____ Local newspaper you would like contacted upon passing_____ Please choose from below and mark the correct testing fee **CNP Exam** ☐ INLA member (1st time, includes written and plant ID) \$50.00 ☐ INLA non-member \$100.00 \square (2nd attempt either written or plant id) \$20.00 CPD Exam Fee* □ INLA member \$50.00 □ Non-member \$100.00 Total enclosed (or paid with credit card) Credit card Expires number

Mail completed application and send with check to:

Idaho Nursery & Landscape Association P. O. Box 2065
Idaho Falls, ID 83403 or fax to (2)

or fax to (208) 529-0832



Official training manuals for each exam can be acquired through the office by calling 208-681-4769.

FOR OFFICE USE ONLY		
Amount paid	. Check #	
Written Test Score	Plant ID Score	Certification No