



**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
- (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 number Expires

Mail completed application and send with check to:

**Idaho Nursery & Landscape Association
 2445 John Adams Parkway
 Idaho Falls, ID 83401 or email:
 abates@plantingidaho.org**



Official training manuals for CNP can be acquired through the office by calling 208-419-8118

FOR OFFICE USE ONLY

Amount paid _____ Check # _____

Written Test Score _____ Plant ID Score _____ Certification No. _____