



INDIANA ACCREDITED HORTICULTURIST
CEU FULFILLMENT TRACKING FORM AND ADDRESS UPDATE

Name: _____

INDIANA NURSERY AND LANDSCAPE ASSOCIATION

Sponsoring Company: _____

Address: _____ Check One: Home ___ Work ___

City: _____ State _____ Zipcode _____

Phone: _____ Fax: _____

E-mail: _____

Manual (if available) #: _____ Certification Expiration Date: _____

Recertification Guidelines: Certified individuals must submit (via CEU forms) 7 hours of Continuing Education Units per two year certification period OR must re-test. Non-INLA CEU programs must be pre-approved by the IAH committee. Please note that CEU program costs will vary.

YOU MUST SUBMIT PAYMENT WITH RECERTIFICATION.

Recertification Fees: _____ INLA or NWINLA Members \$25 each _____ Non-Members \$45 each

Check or credit card payment must be enclosed.

Credit card: Master Card Visa Discover Card number: _____

Expiration date: _____ 3 digit security code: _____

Name on card: _____

Billing address: _____

Reinstatement: Following two or more years of inactive status, you must retest. Retesting is an additional fee.

Continuing Education Units: May be earned by attending approved *education only sessions* of the following:

Indiana Green Expo – January of each year www.inla1.org or www.indianagreenexpo.com

INLA Summer Meeting – July/August of each year www.inla1.org

Indiana Nursery and Landscape News CEU bi-monthly quiz

Northwest Indiana Nursery and Landscape Association Annual Meeting www.nwinla.org

The INLA will log your attendance for all INLA attended events. If your status is ACTIVE, you can access your C EU record at www.inla1.org and click on ‘certification’ and then ‘Active’.

NOTE: If you are requesting credit for programs other than those listed above, you must provide proof of attendance and a copy of the program.

1) Name of Program & Dates: _____

Number of Hours: _____

2) Name of Program & Dates: _____

Number of Hours: _____

3) Name of Program & Dates: _____

Number of Hours _____

4) Name of Program & Dates: _____

Number of Hours _____

5) Name of Program & Dates: _____

Number of Hours _____