

Ohio Certified Nursery Technician Exam Application



Application Instructions: Fill out one form per applicant. Make copies as needed. Print or type information. Return completed application with proper payment to The Ohio Nursery & Landscape Association, 72 Dorchester Square, Westerville, OH 43081; Fax: (614) 899-9489.

Application Deadline: Applications due no later than 5 p.m., Monday, July 26, 2010. No extensions.

Name (exactly as it will appear on your diploma): _____

Home Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

Company Name: _____

Address: _____ Website: _____

City: _____ State: _____ Zip: _____ Phone: _____

Exam Dates & Locations (limited to first 50 applicants per exam): Please select date and exam desired.

NORTHERN OHIO

August 10, 2010

Lake Farmpark
8800 Chardon Road
Kirtland, OH 44094

- 9:00 am Garden Center exam
- 11:30 am Grower exam
- 2:00 pm Landscape exam

CENTRAL OHIO

August 12, 2010

Best Western North
(I-71 & St. Rt. 161)
888 E. Dublin Granville Rd.
Columbus, OH 43229

- 9:00 am Garden Center exam
- 11:30 am Grower exam
- 2:00 pm Landscape exam

SOUTHERN OHIO

August 16, 2010

Butler County Extension Office
1802 Princeton Road Suite 400
Hamilton, OH 45011

- 9:00 am Garden Center exam
- 11:30 am Grower exam
- 2:00 pm Landscape exam

Employer's Statement (REQUIRED!):

I confirm that the above applicant meets the OCNT eligibility requirements:

- Worked 1000 hours in the Green Industry or
- Worked 500 hours in the Green Industry and is currently enrolled in or has successfully completed a recognized Horticultural Program (i.e. college or high school) or
- Worked 1500 hours as a volunteer in the Green Industry at an arboretum, botanical garden or as a master gardener

Employer Name: _____

Signature: _____

Exam Pricing: (ONLA will verify membership)

Exam Fees

- ONLA Member: \$35.00 per exam
- Non-member: \$70.00 per exam

Retest Fees (NOTE: The retest must be taken within one year of the original test date to qualify for the retest fee.)

Previous test date: _____

- ONLA Member: \$30.00 per exam
- Non-member: \$60.00 per exam

Special Needs: (ONLA staff will contact you.)

- I have a special need or disability which may require special accommodations for taking the exam.

Payment Methods:

- Check enclosed—Check #: _____
- VISA MasterCard

Card Number: _____ Exp. Date: _____

Card Holder: _____ CVV Code: _____

Signature: _____



Additional information: Attendees should arrive 15 minutes prior to testing time! NO ONE will be admitted after the classroom doors have closed. After sending payment, you will receive a copy of this form stamped "CONFIRMED." You must bring this copy and Photo I.D. with you to the testing site. No refunds will be given after the application deadline. Questions? Call the ONLA at (614) 899-1195.