



A program of the Massachusetts Nursery & Landscape Association, Inc.

Request for Certification Points

Date of Event: _____

Name of Event: _____

Location of Event: _____

Topic's (if applicable): _____

Please note what type of event marketing and promotion that will be done:

Please attach a draft of the educational program to this form.

Sponsor(s) _____

Signature of Sponsor

Date

Print Name of Authorized Sponsor

Phone

Certified professionals may be required to submit attendance verification to their Nursery and/or Landscape Certification Program, when formally requested, in order to renew certification(s) or license(s). Therefore, it is the responsibility of the certified professional to maintain his/her own attendance record(s) and only submit these records when requested by their local certification committee. Upon approval of the event, a form will be mailed/emailed to you to be duplicated for attendees records.