Mail Completed form to:
Indiana Accredited Horticultrist c/o INLA
7915 S. Emerson Ave., Ste. 247
Indianapolis, IN  46237-9708
Website: www.inla1.org   Email: info@inla1.org   or contact  800-443-7336

REQUIRED STANDARDS- For approval, the following standards must be met for each Educational Course.

1. Application should be submitted AT LEAST 14 days prior to scheduled date of course.
2. Subject matter should relate to horticulture/landscape, design, installation and maintenance. Other subject matter will be considered on a case by case basis.
3. A program or agenda showing the duration of the course, listing of instructors, including start and end time, topics, break time, lunch, tour, etc, must be submitted.
4. Written verification of course completion must be provided to all participants.
5. The applicant should also provide a complete listing of participants to INLA not more than two weeks after course offering in the form provided by the INLA.

I. APPLICANT INFORMATION

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<thead>
<tr>
<th>Organization or Company Name</th>
<th>Phone</th>
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<tbody>
<tr>
<td></td>
<td>Work</td>
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<td></td>
<td>Cell/Home</td>
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<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Title</th>
<th>Fax</th>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
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<tr>
<th>E-mail Address</th>
<th>Website</th>
<th>Date</th>
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Submitted by (if other than the sponsoring organization):

<table>
<thead>
<tr>
<th>Name</th>
<th>Company</th>
<th>Mailing Address</th>
</tr>
</thead>
</table>

Phone: Work/Cell/Home
Email:

DO NOT WRITE IN THIS AREA

Approved: Yes [ ] No [ ] Approval Date:
Exp. Date: **Day after program ends**  CEU Hours ______________
Comments: ____________________________________________
II. COURSE INFORMATION - Submit or attach the following information on each educational course for which approval is desired. Reference to attachments may be noted in the appropriate space.

1. Course Name

2. Number of Continuing Education Units (CEU) requested __________ (excluding breaks, lunch, travel time, etc.)

3. Course Offering Date(s)

4. Location Where Course will be Offered

5. Course Description: Include how this training relates to onsite sewage systems, design, installation and maintenance. Other subject matter will be considered on a case by case basis. Use additional sheet(s) if necessary.

6. List the instructional materials used for the course.

7. Attendance Monitoring and Verification (Check all that apply)
   - Sign In and Out
   - Badge Scanning
   - ID Verification
   - Other

8. Criteria or performance measurement used to determine a participant’s course completion? (Check any or all that apply)
   - Attend and participate in each session
   - Pass course ending quiz or exam
   - Satisfactorily perform a learned technique or skill
   - Other

9. This course will be offered on a regular basis.
   - Yes
   - No
   - Do not know

If yes, approximate repeat offering
   - Every 6 months or less
   - Every 6 -12 months
   - Over 12 months

10. Has this course been approved before?
    - Yes
    - No
    - Do not know

III. INSTRUCTOR INFORMATION
Other Attachment(s): Write in the open space below or attach any additional information about the course.

1. Names and Titles of Instructors

Questions or concerns should be directed to the INLA office at 7915 S. Emerson Ave., Ste. 247, Indianapolis, IN 46237-9708 or info@inla1.org