

INDIANA ACCREDITED HORTICULTURIST
SPONSORED BY
INDIANA NURSERY AND LANDSCAPE ASSOCIATION
CONTINUING EDUCATION COURSE APPROVAL APPLICATION

Mail Completed form to:
 Indiana Accredited Horticulturist 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

Organization or Company Name			Phone Work Cell/Home
Contact Name	Title	Fax	
Mailing Address	City	State	Zip
E-mail Address	Website		Date
Submitted by (if other than the sponsoring organization): Name Company Mailing Address 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: _____

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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