

KNOWLEDGE COMMITMENT EXCELLENCE
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Get With the Program!
Get certified!

A voluntary, professional certification program for owners and employees of nursery, landscape and garden center firms.

Sponsored by the Illinois Green Industry Association



The ICN Pro Program—Get With a Positive Approach!

Professional certification is one of the most important steps an individual can take to demonstrate knowledge and commitment to his or her career. Certified individuals are able to stand before their peers and the public as examples of excellence in the Green Industry. Certification reflects achievement and establishes professional credentials. The IGIA wholeheartedly believes that the ICN Pro Program will give certified individuals, as well as the companies that employ them, the opportunity to increase their knowledge and ability to perform to or to exceed set standards while enhancing the overall image of the Green Industry Profession.

Having a well-informed staff with a positive self-image results in better service to customers. This can lead to repeat customers, and a strengthened reputation for the company.

The ICN Pro Manual and Certification

The ICN Pro Program offers qualified candidates a manual for study and use as a reference tool on the job. The manual covers a variety of subjects including retail sales, care of nursery stock, fertilizers and landscape design.

The skills and knowledge needed to serve the public will be proven by a written exam, which now covers general information detailed in the ICN Pro manual; and plant, insect and disease identification. Successful candidates are awarded an ICN Pro certificate, a pin, and the right to advertise ICN Pro status on letterhead, business cards, clothing, etc. Other promotional materials also will be provided.

Taking the Exam

The ICN Pro exams are held at various times throughout the year and at various locations across the state. Notices for upcoming dates are sent to all IGIA members and listed on the IGIA website, www.illinoisgreen.net.

The ICN Pro exam consists of a General Standards exam and two areas of specialization: woody and perennial. An individual may take all exams but NOT on the same testing date. All of the information covered on the exams is detailed in the



ELIGIBILITY

Enrollment in the ICN Pro Program is voluntary. To become certified, an individual must:

- 1) a. be the owner or officer of a nursery firm;
b. have been employed by a green industry firm for a total of 4,000 hours; or
c. have been employed by a green industry firm for 2,000 hours and have successfully completed two full years of classroom study in a recognized, college-level horticultural program.
- 2) Successfully pass the ICN Pro examination.
- 3) Pledge in writing that should their certificate ever be revoked for whatever reason, they will not display any distinguishing emblems, titles, or in any manner whatsoever imply that they are an Illinois Certified Nursery Professional.

ICN Pro study manual. The exams test individuals on information in the exam chapters, plant identification, and pests and diseases.

General Standards

Note: Samples of plants and mounts of various pests and disease damage are used for the exams. These samples consist of photos, live plants and cuttings of plants. These cuttings may consist of leaves and branches. Not all cuttings will contain foliage or fruit. Samples are meant to test individuals on the types of samples that customers might provide when making an inquiry.



Test results are mailed directly to the home address of the test taker within 3-4 weeks after the exam is given.

Illinois Green Industry Association

www.illinoisgreen.net • www.gardenillinois.com

Contract for Acceptance as an ILLINOIS CERTIFIED NURSERY PROFESSIONAL

I hereby agree to abide by the following rules for the Illinois Certified Nursery Professional Program and further agree to abide by any future additions or changes in these rules which may be adopted by the Board of Directors of the Illinois Green Industry Association.

1. I will promote the highest ethical standards in the conduct of myself and my nursery work.
2. I will make continued efforts to learn more about nursery products and improve my skills as a nursery salesperson.
3. I fully understand that should I be granted certification by the IGIA Board of Directors, such certification will be maintained on an annual basis by annual recertification. This will include payment of an annual fee and accumulation of continuing education points. Should I fail to comply with this future requirement, I understand the IGIA may revoke my certification, or it will be automatically revoked at the end of the time period for which it was issued.
4. I agree that should my certification ever be revoked or lapse, I will not display distinguishing emblems, titles or in any manner whatsoever imply or publicize that I am certified.
5. I agree to promote and use the ICN Pro status so long as I am actively certified.
6. I understand that the ICN Pro status is granted by the nursery industry as recognition of knowledge and achievement for those industry professionals who voluntarily qualify. ICN Pro status is in no way mandatory and may be granted or refused or revoked at the discretion of the IGIA Board. Upon granting of ICN Pro status, the recipient is entitled to be called an ILLINOIS CERTIFIED NURSERY PROFESSIONAL and use the initials ICN Pro behind the certified person's name in addition to displaying the ICN Pro emblems in all forms.

In making this request for certification, I AGREE to all of the above requirements with no reservation.

Print Name _____

Signature _____

Employment Verification

Those retesting who have a verification on file do not need to complete the following.

I hereby certify the work experience in this application is true and correct. And, if found to be inaccurate, I understand the IGIA Board of Directors can deny my application to take the exam and/or if certification is attained, it may be revoked.

Verification for _____

Company Name _____

Employer's Signature _____ Date _____

PROCEDURE

- 1) ICN Pro application forms and manuals may be obtained from the IGIA office.
- 2) An application form must be filed with the IGIA office.
- 3) ICN Pro exams will be offered at least two times throughout the year at various locations throughout the state. Applicants will be notified of test dates and locations.
- 4) All applicants must meet the eligibility requirements prior to taking the exam.
- 5) A minimum score of 70 is required on each part of the exam. An average score of 75 is necessary to pass the exam.
- 6) Certification will be finalized by the IGIA after review of exam scores and verification of eligibility requirements.
- 7) If a candidate fails the exam, they may be re-examined until successfully completing the exam. A nominal fee will be charged. Re-examination must be done within three years for scores from previous tests to transfer.
- 8) If a candidate is denied testing or fails to receive certification, they may appeal the decision to the IGIA Executive Director.
- 9) Certification must be renewed every year. This is based on accrual of continuing education points, or re-taking and passing of the ICN Pro exam.



ICN CERTIFIED NURSERY PROFESSIONAL APPLICATION

To Order Manual

Send _____ manuals to:

Name _____ Firm Name _____
Address _____ City _____ State _____ Zip _____

To Take Exam

Please complete the entire application.

SECTION 1: STATUS

Test type: Only one test type can be chosen for each test date.

Test date _____

First time testing: _____ Woody _____ Perennial

Re- testing: _____ Woody _____ Perennial

If re-testing, check the part (s) you need to take and complete Section 1, 2 and 5.

_____ General Standard - Part I _____ Woody ___part II ___ part III _____ Perennial ___part II ___part III

SECTION 2: PERSONAL

Name _____ Home Phone _____ E-mail _____

Home Address _____ City _____ State _____ Zip _____

Company Name _____ Company Phone _____

Company Address _____ City _____ State _____ Zip _____

SECTION 3: EDUCATION *Must enclose a photocopy of degree or college transcripts.*

Name and location of high school attended _____

Year Graduated _____ OR Attended _____ years only

College Attended _____

Year Graduated _____ OR Attended _____ years only Degree/Major Subject _____

SECTION 4: WORK EXPERIENCE *Check Exam Eligibility to make sure you qualify.*

Are you the owner or an officer of a Nursery, Landscape or Garden Center firm? _____ Yes _____ No *If yes, skip to Section 5*

Company Name _____ Address _____

Employed from _____ to _____ = _____ hours

Company Name _____ Address _____

Employed from _____ to _____ = _____ hours

SECTION 5: VERIFICATION

I verify that the above work experience is true and correct. I understand that if the information is inaccurate it may lead to the revocation of my certification.

Signature _____ Date _____

FEES *(check all that apply)*

	Member	Non-Member
_____ Manual	\$25	\$50
_____ Test	\$65	\$130
_____ <i>Woody, Perennial</i>		
_____ Re-test	\$20	\$40
_____ <i>Fee for retesting OR ICN Pro retesting on different exam</i>		
_____ ICN Pro Taking	\$45	\$90
_____ Different Exam for first time		

PAYMENT

• **Make checks payable to IGIA**

• **Credit Card Information:** (check one)

_____ Visa _____ MasterCard Expiration Date _____

Card Number: _____ 3-digit code _____

Cardholder Name: _____

Cardholder Signature: _____

Send this form and check or payment info. to Illinois Green Industry Association, 2900 Greenbriar Drive, Springfield, IL 62704

217-546-GREEN (4733) · fax: 217-546-4703 · e-mail: info@illinoisgreen.net · www.illinoisgreen.net