

Application to be an Approved Test Site for FNGLA Certified Horticulture Professional (FCHP) Exam

Name of Location: _____

Type of Location: School Private Company UF Extension

Contact Person: _____

Address: _____

City: _____ State: _____ Zip _____

E-mail: _____ Phone: _____

Test Site: Testing Center Computer Lab Classroom

Exam Proctor: _____ *(Cannot be instructor)*

Proctor's Position/Job Title: _____

Proctor's E-mail: _____ Phone: _____

Number of Students to Test: _____ *(Note those students needing testing accommodations)*

Contact Person to Bill: _____

Address: _____

City: _____ State: _____ Zip _____

E-mail: _____ Phone: _____

Procedures for scheduling an FCHP exam: Test site application must be received FNGLA at least 10 days in advance of beginning to test. Provide to FNGLA:

- 1) This completed and signed form
- 2) Proctor's signed agreement
- 3) Date testing will begin
- 4) A list of the students' names with home mailing address (email is optional) Excel, if possible

NOTE: Schools will be billed for the number of students who are set up for testing.

Alert FNGLA of any special testing accommodations ***when list of names is submitted.***

I have read the above and agree to the procedures for scheduling an exam.

Signature: _____

Name: _____ Date: _____

Return to Merry Mott at FNGLA. Information: 407-295-7994

By Mail: 1533 Park Center Drive, Orlando, FL 32835

By Fax: 407-295-1619

By e-mail: mmott@fn gla.org

