

RI•CH - Rhode Island Certified Horticulturist Annual Recertification Point Report



Name: _____ Date: _____

Home Address: _____

Town/State/Zip: _____

Home Phone: _____ E-Mail: _____

Possible Points	Recertification Credit Activity	Points Earned
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Membership or Service:

1 pt/year	<i>Being a RINLA Member / working for a RINLA Member</i> Please List Member Name: _____	
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1/2 pt/year	<i>Membership in other horticulture organizations. (1 pt max.)</i> Please List: _____ _____	
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1/2 pt/year	<i>Service to other horticulture organizations. (1 pt max.)</i> Please List: _____ _____	
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1 pt/year	<i>Service to RINLA:</i> - As an officer or director - As a committee member - Other volunteer service	
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1/2 pt ea 2 hrs	<i>Staffing a RINLA Trade Booth</i> <i>Work in the URI Botanical Gardens, Roger Williams Botanical Center or other RINLA-sponsored gardens.</i> Please list locations and dates: _____ _____ _____	
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1 pt each	<i>Speaking at horticultural seminars, training sessions, short courses.</i> Please list events, topics and dates: _____ _____	
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1 pt each	<i>Other memberships or service (subject to approval):</i> Please list or explain: _____ _____	
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Point Sub Total: _____

Possible Points	Recertification Credit Activity	Points Earned
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Education:

1 pt/day	Attendance at industry-related, full-day short courses or seminars Program Names/Dates: _____ _____	_____
1 pt/course	Training courses of 5 or more sessions Program Names/Dates: _____ _____	_____
1 pt/yr	Obtain & Maintain Pesticide Applicator Certification or Licensure List State & License Number: _____	_____
1 pt/credit hr.	University courses on horticultural topics. Please List topic, institution, course number and credit hours: _____ _____	_____
2 pts	Attend RI•CH Refresher Course. (1/2 pt/session, 2 pts max.)	_____
1 pt each	Teach a horticulture course or write an article on a horticulture topic Describe courses or articles: _____ _____	_____

Subtotal this page: _____

+ Points from page 1: _____

Total Points Earned: _____

5 pts for year ____: _____

Pts carried to ____: _____

My annual RI•CH fee of \$15 is enclosed, payable to RINLA.

I certify that I have earned all the points claimed here, and agree that the final determination of point credit will be made by the RINLA Horticulture Certification Coordinator.

Signature

Date

**Return completed form to: R.I.N.L.A.
c/o Joseph J. Majeika, Executive Director
98 Chase Hill Road
Ashaway, RI 02804**