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Application Package Instructions

TRADE: LANDSCAPE HORTICULTURIST (0066)

APPLICATION PACKAGE INFORMATION:

Please review the contents of this package prior to completing.

This package contains all of the information and forms you need to apply to challenge the Examination for the trade of **LANDSCAPE HORTICULTURIST**. The purpose of this package is to assist you in collecting the information necessary for us to complete the assessment of your application. The ITA will assess your work experience and determine whether you qualify to challenge the examination based on the information you supply.

The ITA will process your assessment within *10 days of receipt of your complete information* and will notify you in writing the results of your assessment. Applications will be returned if information is missing. We can not process incomplete applications.

Forms:

1. **Application to Challenge Examination** (page 2 of this package). To be completed by applicant.
2. **Applicant Work Experience Information** (page 3 of this package). To be completed and signed by applicant.
3. **Employer Declaration** (pages 4 & 5 of this package). *Note:* An Employer Declaration form must be completed and signed by any current or previous employers where you have acquired work experience you want assessed as part of your application (see page 3 section B).
4. **Document Checklist** (page 6 of this package) to be completed by applicant.
5. **Statutory Declaration** (pages 8 and 9 of this package) to be completed by applicant *if required*. See page 7 for additional information on Statutory Declarations.

All Documents must be submitted in English. Translations of documents in languages other than English must be done by a Certified Translator

- You are responsible for the cost of translation services.
- For a list of certified translators, contact the Society of Translators and Interpreters of British Columbia, or visit their web site at <http://www.stibc.org/directory.php>.

If you have any questions regarding the completion of this Challenge Assessment application, contact **ITA Customer Service** (see above for contact information) or send an email to: customerservice@itabc.ca

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A. Applicant's Information

Registration Number (TWID):			
Legal Last Name:	Legal First Name:	Legal Middle Name (s):	
Date of Birth (YYYY/MM/DD):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Suite Number:	Mailing Address:		
City:	Province: B.C.	Postal Code:	Email:
Daytime Telephone Number: ()	Home Telephone Number: ()	Fax Number: ()	

B. Examination Details

Is this examination a re-write? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of last exam: _____	Please indicate the earliest date you are available to write this examination (YYYY/MM/DD):
Please indicate your preferred location for examination: <input type="checkbox"/> ITA Customer Service <input type="checkbox"/> Vernon <input type="checkbox"/> Victoria <input type="checkbox"/> Maple Ridge <input type="checkbox"/> Chilliwack <input type="checkbox"/> Prince George <input type="checkbox"/> Other (please indicate) _____.	

C. Fees

If you are applying to write a Certificate of Qualification or IP examination on a challenge basis, there is a fee of \$120.00 for assessing documentation of required work experience (time in the trade). There is no fee for a first Certificate of Qualification or IP exam attempt and first re-write. There is a \$100.00 fee for all subsequent re-writes.

Note: *There may be requirements for upgrading prior to re-writes. Contact ITA Customer Service if you have questions regarding re-write eligibility. If approval is granted, examination must be written within 12 months from date of approval. Approval will expire after 12 months, at that time re-submission of application form and fee will apply.*

D. Payment Options

CHEQUE OR MONEY ORDER made payable to: Industry Training Authority. If you are submitting your application to a government agent office elsewhere in BC, please make your cheques payable to The Minister of Finance and Corporate Relations. CASH and DEBIT CARD accepted only at Customer Service counter; **please do not send cash in the mail.**

Credit Card: VISA MasterCard American Express

Card holder name: _____ Card number: _____

Security Number (last three digits on back of card) ___ ___ Expiry date: __/__/__

Card Holder Signature: _____

For Office Use Only

Date Screened:		Results
Application Status <input type="checkbox"/> Application Complete – Assigned to Assessor <input type="checkbox"/> Application Incomplete – Returned to Applicant	_____ Anne Kadwell CEO, HortEd	Hours: Required: 9,720 Reported: Scope: Required: 9 out of 12 tasks Reported



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Applicant Work Experience Information

TRADE: LANDSCAPE HORTICULTURIST (0066)

A: Applicant Information

Legal Last Name:	Legal First Name:	Legal Middle Name(s):
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To qualify to challenge an examination as a **Landscape Horticulturist**, you must provide proof of having worked a minimum of 9,720 performing the tasks listed on the *Employer Declaration* (page 5). In general your combined work experience should cover at least 70% of the tasks (9 out of 12 tasks) listed in Part 2 of the Employers Declaration (page 5).

B: Employment Summary Information

Name of Organization/Employer(s) *	Dates of Employment	Total # of Hours of Experience
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	

***Note:** An *Employer Declaration* form (pages 4 and 5) must be completed by each of the Employers listed above. See *Employer Declaration* "Instructions to Employers" for additional information.

Certification and authorization for collection, use, and disclosure of personal information inside or outside Canada:

I certify that the information I (as apprentice, sponsor, or employer) have provided is accurate. In accordance with the *Freedom of Information and Protection of Privacy Act*, I authorize the Industry Training Authority to use and disclose the personal information I have provided on this form, as well as any further information necessary, for the purpose of administering the apprenticeship training program, including the application process, program delivery, evaluation, and certification. I authorize the Industry Training Authority to disclose my personal information for the above purposes to other agencies and ministries of the provincial and federal governments, and to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers, and agencies, whether located inside or outside Canada. I also authorize the Industry Training Authority to make the status of my certification and apprenticeship publicly available. (NOTE: If you have any question about your personal information, contact a Client Service Representative at Industry Training Authority Customer Service at 1.866.660.6011.)

Applicant Signature:	CHT Number:	Date: (YYYY/MM/DD)
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Employer Declaration – Part 2

By checking “yes” or “no”, indicate in the “Employer’s Response” column whether the applicant performed the following tasks during the period of employment with your organization. <i>Cross out any tasks that were not performed.</i>	Employer’s Response
Identify plants and their use <i>Includes:</i> Identify plants, their morphological characteristics, growing requirements, availability, native species, floral, tropical and indoor landscapes.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Effective supervision <i>Includes:</i> Demonstrate supervisory skills based on time and stress management, ethics, communication, power, teams, leadership, motivation, delegation and diversity.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Equipment maintenance and safety <i>Includes:</i> Maintaining small one cylinder and multi-cylinder engines, identify fire types and extinguishing methods, provide safe operating procedures for horticultural equipment, personal and workplace safety.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Horticulture plant science <i>Includes:</i> Apply plant morphological characteristics, life cycles, internal anatomy of stems, roots and leaves as they relate to photosynthesis, respiration and transpiration.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plant health and pest management <i>Includes:</i> Manage insect, weed, disease, mollusk, vertebrate pests and factors that cause plant stress.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Manage soils <i>Includes:</i> Manage physical, chemical and biological characteristics of soil and soilless media.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plants in the Landscape <i>Includes:</i> Performing basic pruning of trees, shrubs, groundcovers and vines.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Horticultural Skills <i>Includes:</i> Assess plant quality and handling requirements, install hardscapes.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Residential irrigation and drainage systems <i>Includes:</i> Design, installation and maintenance of irrigation and drainage systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Landscape projects <i>Includes:</i> Estimate and install landscape projects.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Garden design <i>Includes:</i> Design and install gardens.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Turfgrass <i>Includes:</i> Prepare and maintain turfgrass projects and activities.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Certification:

I certify that the information I (as employer) have provided is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act.*)

Applicant Name:	Employer Signature:	Date: (YYYY/MM/DD)
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DOCUMENTATION CHECKLIST

To avoid delays in processing, please use the following checklist to ensure the required documentation is attached to your application and all forms are complete. **We can not process incomplete applications.**

ALL APPLICABLE BOXES MUST BE CHECKED OFF:

- All documents, including letters and certificates, are originals or *certified true copies* of originals, in the English language.
- Any translations have been performed by Certified Translators.
- The Applicant has completed in full the **Application to Challenge** (Page 2 of this package)
- The Applicant has completed in full and signed, the **Applicant Work Experience Information** (Page 3 of this package)
- Each Employer has completed in full and signed, the **Employer Declaration** (Page 4 & 5 of this package).
- The information contained on each **Employer Declaration** form matches the information declared on the **Applicant Work Experience Information** form.
- A Statutory Declaration is enclosed in situations when an Employer Declaration is not available. See *Statutory Declaration information on page 7 of this package.*
- A cheque in the amount of \$120.00 has been enclosed for your Challenge Work-Experience Assessment.

HortEd					
Documentation Complete?	<table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td>No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date				

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Statutory Declarations

A Statutory Declaration form may be used to document time worked in a trade when applying to challenge an examination **only due to the following circumstances:**

1. The firm is no longer in business and the principals cannot be located.
2. The owner/manager is deceased and complete employment records are not available.
3. The firm is located overseas and extreme difficulties are encountered in trying to get the documentation.
4. The applicant has been self-employed as an owner/operator of a business.
5. A firm refuses to issue a letter to document time worked in a trade.

A Statutory Declaration, using the form that is provided on pages 8 and 9 of this package, must be completed **for each place of employment** for which you are unable to provide an Employer Declaration.

Important: The Statutory Declaration form is comprised of **Part 1 (page 8) and Part 2 (page 9)**. It must be completed for each place of employment you cannot obtain documentation for, and must be sworn before a Lawyer, Notary Public, or Commissioner of Oaths for the Province of British Columbia. Please make additional copies of the Statutory Declaration form as needed.

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Statutory Declaration – Part 2

By checking "yes" or "no", indicate in the "Employer's Response" column whether the applicant performed the following tasks during the period of employment with your organization. <i>Cross out any tasks that were not performed.</i>	Employer's Response
Identify plants and their use <i>Includes:</i> Identify plants, their morphological characteristics, growing requirements, availability, native species, floral, tropical and indoor landscapes.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Effective supervision <i>Includes:</i> Demonstrate supervisory skills based on time and stress management, ethics, communication, power, teams, leadership, motivation, delegation and diversity.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Equipment maintenance and safety <i>Includes:</i> Maintaining small one cylinder and multi-cylinder engines, identify fire types and extinguishing methods, provide safe operating procedures for horticultural equipment, personal and workplace safety.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Horticulture plant science <i>Includes:</i> Apply plant morphological characteristics, life cycles, internal anatomy of stems, roots and leaves as they relate to photosynthesis, respiration and transpiration.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plant health and pest management <i>Includes:</i> Manage insect, weed, disease, mollusk, vertebrate pests and factors that cause plant stress.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Manage soils <i>Includes:</i> Manage physical, chemical and biological characteristics of soil and soilless media.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plants in the Landscape <i>Includes:</i> Performing basic pruning of trees, shrubs, groundcovers and vines.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Horticultural Skills <i>Includes:</i> Assess plant quality and handling requirements, install hardscapes.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Residential irrigation and drainage systems <i>Includes:</i> Design, installation and maintenance of irrigation and drainage systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Landscape projects <i>Includes:</i> Estimate and install landscape projects.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Garden design <i>Includes:</i> Design and install gardens.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Turfgrass <i>Includes:</i> Prepare and maintain turfgrass projects and activities.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

I solemnly declare that the information provided in this Declaration, to the best of my knowledge, is true.

Applicant's Name	Applicant's Signature:	Date: (YYYY/MM/DD)
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This section to be completed by:

Declaration of Official

Last Name:		First Name:	
Occupation: : <input type="checkbox"/> Commissioner for Oaths		<input type="checkbox"/> Notary Public	
		<input type="checkbox"/> Lawyer	
Address:			
Telephone Number:		Declared before me on Date: (YYYY/MM/DD)	
Signed at: (City, Province)		Signature of Official:	



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EXAMINATION INFORMATION

The following information is offered as a guide to make you aware of the topics that will be covered in the theoretical examination.

Section	Title	Exam Weightings %
1	Identify plants and their use	12
2	Effective supervision	6
3	Equipment maintenance and safety	4
4	Horticulture plant science	4
5	Plant health and pest management	14
6	Manage soils	12
7	Plants in the Landscape	6
8	Horticultural Skills	15
9	Residential irrigation and drainage systems	6
10	Landscape projects	10
11	Garden design	4
12	Turfgrass	7

- This is a multiple choice examination.
- Maximum time allowed for this examination is 3 hours.
- Passing Standard is 70%.
- This information is subject to change without notice; consult the relevant program profile on the ITA website at www.itabc.ca.