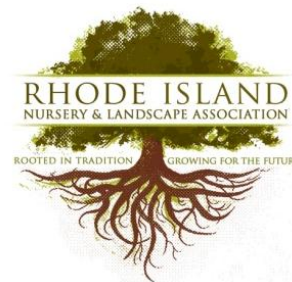


RI•CH – Rhode Island Certified Horticulturist

Recertification Point Report

Points Earned from 2024-2026 for 2027 Recertification



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	Being a RINLA Member / working for a RINLA Member (<i>list member Company Name</i>): _____	_____
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½ pt / year (1 pt max per year)	Membership in other horticulture or green industry organizations Please List & Year: _____ _____	_____
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½ pt / year (1 pt max per year)	Service to other horticulture or green industry organizations. Please List: _____ _____	_____
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1 pt / year	Service to RINLA: <input type="checkbox"/> As an officer or director <input type="checkbox"/> As a committee member _____	_____ _____
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½ pt each 3 hrs	Staffing a RINLA Trade Booth or work in a RINLA-sponsored garden, URI Botanical Gardens, Roger Williams Botanical Center or other approved garden(s). Please list locations and dates: _____ _____ _____	_____ _____ _____
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1 pt each	Speaking at horticultural seminars, training sessions, short courses. Please list events, topics and dates: _____ _____	_____
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1 pt each	Other memberships or service (subject to approval): Please list or explain: _____ _____	_____
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Point Sub Total : _____

Possible Points	Recertification Credit Activity	Points Earned
-----------------	---------------------------------	---------------

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 / year	Obtain & Maintain Pesticide Applicator Certification or Licensure List State & License Number: _____	_____
1 pt / per credit hour	University courses on horticultural topics. List topic, institution, course number, credit hours & date(s) attended: _____ _____	_____
½ pt / session	Attend RI•CH Refresher Course or Plant ID class (2 points max.)	_____
¼ pt / each	Bring an employee to a RINLA Twilight Meeting, Winter Meeting, or share the quarterly newsletter with employee(s) (1 pt max.)	_____
1 pt each	Teach a horticulture course or write an article on a horticulture topic Describe courses or articles w/ date(s): _____ _____	_____

Sub-total this page: _____

+ Points from page 1: _____

Total Points Earned from 2024-2026: _____

(NOTE: 15 points are required for recertification for 3 years)

To avoid any lapses in certification, completed forms must be received by March 30, 2027.

My RI•CH fee of \$100 is enclosed to recertify for 3 years -- make checks 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: RINLA – RICH Certification
P.O. Box 984, West Kingston, RI 02892**

Note: A copy of this form is available on the RINLA website: rinla.org under “Certifications”