



**National Garden Clubs, Inc.
Environmental, Gardening and Landscape Design Schools
CONSULTANT REFRESHER ACCREDITATION APPLICATION**

Refresher Accreditation
Application
Form 7-2020

Check appropriate School: Environmental School Gardening School Landscape Design School

Name of Applicant _____
Last name First name

Street Address or P.O. Box _____

City/State _____ Zip Code +4 _____

Email _____ Phone _____ State Garden Club _____

Applicant's Garden Club _____ District _____

Date of Consultant's Original Certificate _____ State Where Consultant's Records are Held _____

REFRESHER RECORD

| Refresher | Series | Course | Multi | Location – City and State | Date of Last Course or Refresher |
|----------------------|--------|--------|-------|---------------------------|----------------------------------|
| First | | | | | |
| Second | | | | | |
| Third | | | | | |
| Fourth Master | | | | | |
| Fifth | | | | | |
| Sixth | | | | | |
| Seventh | | | | | |
| Eighth | | | | | |
| Ninth | | | | | |

Approved by State ES, GS or LDS Chairman

Submitted by _____ Date _____
Signed by State ES, GS or LDS Chairman

Approved by NGC ES, GS or LDS Accrediting Chairman

Approved by _____ Date _____
Signature of Appropriate NGC Schools Accrediting Chairman

REFRESHER RECORD (Continued)

| Refresher | Series | Course | Multi | Location – City and State | Date of Last Course or Refresher |
|---------------|--------|--------|-------|---------------------------|----------------------------------|
| Tenth | | | | | |
| Eleventh | | | | | |
| Twelfth | | | | | |
| Thirteenth | | | | | |
| Fourteenth | | | | | |
| Fifteenth | | | | | |
| Sixteenth | | | | | |
| Seventeenth | | | | | |
| Eighteenth | | | | | |
| Nineteenth | | | | | |
| Twentieth | | | | | |
| Twenty-first | | | | | |
| Twenty-second | | | | | |
| Twenty-third | | | | | |
| Twenty-fourth | | | | | |

Approved by State ES, GS or LDS Chairman

Submitted by _____ Date _____
Signed by State ES, GS or LDS Chairman

Approved by NGC ES, GS or LDS Accrediting Chairman

Approved by _____ Date _____
Signature of Appropriate NGC Schools Accrediting Chairman