



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

Accreditation
Application
Form 6-2021

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 _____

Applicant's Garden Club _____ District _____

State Garden Club _____ Region _____

Student Record of School Courses Completed:

Course	Series	Location – City and State	Date course Completed	Passed
1				
2				
3				
4				

Date Consultant Status Achieved _____

Approved by State ES, GS or LDS Chairman

Verify student's record against your state records and initial "passed" column, sign and submit electronically to NGC ES, GS or LDS Accrediting Chairman.

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

Approved by NGC ES, GS or LDS Accrediting Chairman

Verify student's record; sign and send electronic copy to NGC, Inc. Headquarters Schools Secretary, State ES, GS or LDS Chairman and NGC ES Accrediting Chairman. Retain a copy for your records.

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

Date sent to NGC Headquarters _____ Date Confirmation Received from NGC Headquarters _____

Consultant Cards: Sent To

Sent By

Date