



**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 _____

Applicant's Garden Club _____ State Garden Club _____

Date of Consultant's Original Certificate _____

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