

# Certified Professional Horticulturist

*a program of the*  
**American Society for Horticultural Science**



**American Society for Horticultural Science**  
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# Horticulturist Certification

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## Introduction

The ASHS Certified Professional Horticulturist (CPH) program identifies individuals with credentials in horticulture. The program is administered by the ASHS Certified Professional Horticulturist Board (CPHB). The individuals are identified to public and private agencies, groups, and institutions for their inclusion in educational, scientific, and service activities. The idea for a professional board to certify horticulturists was originally presented by R. Paul Larsen in his ASHS Presidential Address during the ASHS Annual Meeting in Baton Rouge, La., in 1976. The CPH program became a reality at the ASHS Annual Meeting at Penn State University in 1991 as a part of ARCPACS (a Federation of Certifying Boards in Agriculture, Biology, Earth, and Environmental Sciences). The program was officially moved from ARCPACS on June 1, 2000, to full control of the American Society for Horticultural Science.

The CPHB retains membership in the Certification Advisory Council (CAC). This is a forum in which various Agricultural Certification Boards coordinate areas of common interest relating to professional certification.

Horticulturists are certified by a board made up of eight Certified Professional Horticulturists. These board members are appointed by the ASHS President-elect and approved by the ASHS Board of Directors.

## Purpose

Professional Standards are needed for those whose activities affect the well-being of the general public. Professional standards have been recognized in such professions as medicine, law, engineering, and accounting. Problem solving in land use, horticultural crop production practices; air-, water-, soil-, and horticultural plant-quality standards; waste management; and the use of agricultural chemicals create a need for the services of professionals in horticulture. Such professionals must be able to show evidence of their qualifications. A certification program that identifies professionals for educational, scientific, and service activities with public and private agencies is in the public interest. The ASHS CPH program was established to develop standards and procedures for certification of individuals with credentials as professionals in horticulture.

## Certification

Certification is based on scholarly presentation and work experience supported by references. Individuals certified by the CPHB have met the educational and practical experience

standards, subscribe to the Code of Ethics, and qualify for identification and recognition as professionals. Credentials of applicants are reviewed by the CPHB.

Certification is for individuals only. The designation CPH may not be used in such a manner as to indicate that a business, firm, or agency is a certified entity. Further, the CPH professional designation(s) may not be used in any way to connote CPHB or ASHS endorsement of a business, firm, agency, consulting service, product, or program.

## CPH Benefits

The CPH Registry identifies trained professionals who are required to participate in continuing education programs in their field of specialization. Certified Professionals are frequently called on to provide information on issues pertaining to their area of expertise and public concern. For example:

- consulting for industry and commercial horticulture
- advising agencies of government
- giving legal testimony
- providing valid information to the media

## Reasons for Certification

- to promote and encourage professional development, growth, and renewal
- to enhance the visibility of the profession
- to maintain and promote high standards of performance by all members of the profession
- to publicize and exemplify the Code of Ethics
- to meet state and national requirements regarding individuals making recommendations to the public

## CPH Certifications

Certifications available from the CPHB are:

Certified Professional Horticulturist (CPH)  
Associate Professional Horticulturist (APH)

## For Information

For more information, contact the American Society for Horticultural Science, Office of the CPH Registry, 1018 Duke Street, Alexandria, VA 22314-2851 USA. Phone 7-3-836-4606, fax 703-836-2024, e-mail [ashscph@ashs.org](mailto:ashscph@ashs.org)

# Horticulture

## *Certification Procedures and Standards*

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### **I. Certified Professional Status**

#### **A. General**

1. Registration
  - a. Certification and inclusion in the ASHS CPH Professional Registry is limited to individuals who are deemed qualified professionals in horticulture.
  - b. Registrants must subscribe to the ASHS CPH Code of Ethics.
2. Certificate
  - a. A certificate is provided to each individual registered as a Certified Professional.
3. Renewal
  - a. Certification is renewable annually in accordance with recertification regulations (see I.E.1).

#### **B. Area of Certification**

1. Certified Professional Horticulturist (CPH)

#### **C. Minimum Requirements for Eligibility**

1. Education Requirements
  - a. Possess a bachelor's degree from an accredited U.S., Canadian or foreign institution with a major in horticulture, or a closely allied field of science, and meet the minimum core requirements.
2. Work Experience
  - a. Applicants must have five (5) years of professional work experience in horticulture.
    - (1) Applicants holding a Masters or Doctoral degree may substitute two (2) years of professional experience for each degree held.
    - (2) Experience while working toward an advanced degree does not qualify for "professional experience."
  - b. Applicants are required to demonstrate the percentage of work experience as a horticulturist.
    - (1) Activities such as farm management, consulting, research, extension, and teaching must make up a minimum of 70% of the applicant's time working directly with horticulture issues for any time period to count fully as work experience.
    - (2) Work experience less than 70% will be prorated.
    - (3) Work experience must be in horticulture.
3. References
  - a. Provide the names and addresses of at least five individuals familiar with your work and professional experience. References must be familiar with work experience being used to meet certification requirements.

The applicant will need to designate the time period for which the reference has personal knowledge of his or her work experience history.

- (1) At least one individual must be associated with your employment; an immediate supervisor, client, or coworker.

#### **D. Application**

##### **1. Documentation**

- a. Application is made by submitting the completed application forms and providing the following information.
  - (1) An official transcript of all academic credits, including verification of degree(s).
  - (2) A professional resume of personal biographical information, which includes educational background, a list of all professional positions held, a list of significant professional activities, and a list of memberships in professional and honorary organizations.
  - (3) The names and addresses of at least five individuals familiar with your work and professional experience. References should be selected from two or more agencies or organizations (refer to I.C.3).
  - (4) Completed Summary of Core Requirements form.
  - (5) Completed Professional Experiences Form.

##### **2. Fees**

- a. An Application for Certification must be accompanied by the appropriate fee as indicated on a current application. Application fee is non-refundable.

#### **E. Renewal**

##### **1. Annual Renewal**

- a. Certification may be renewed annually by payment of the appropriate fee.
- b. Renewal is due annually on 31 December and is considered delinquent if not paid within 30 days after this due date. After 31 January, certification will be reinstated with payment of the annual fee plus a late fee. The registrant's name will be dropped from the active Registry if the fee is not paid after six months (1 July). After 12 months, reapplication is required.
- c. Continual training and education is required of all Certified Professionals to keep abreast of rapidly changing conditions, techniques, and requirements in their field. ASHS CPH Certified Professionals must submit evidence of continuing education to maintain their Certified Professional (CP) status. Details of the recertification program are provided at the time one becomes certified.

## **F. Denial, Revocation, or Suspension of Certification**

1. Rights and Responsibilities
  - a. The right to deny, revoke, or suspend certification is vested in the certifying board.
  - b. Because the certification program is entirely voluntary, ASHS assumes no responsibility for any loss or disadvantage, real or imagined, that may be alleged to have resulted from denial of certification or revocation or suspension of an existing certification.
2. Reasons for Denial, Revocation, or Suspension of Certification.
  - a. Certification may be denied, revoked, or suspended for any of the following reasons:
    - (1) The certifying board determines that the applicant does not meet the minimum requirements as stated.
    - (2) Violation of rules, regulations, or the ASHS CPH Code of Ethics.
    - (3) Misrepresentation on an application, willful submission of incorrect information, or failure to include the relevant information in any communication to the ASHS Office of the Registry.
    - (4) Substantial proven charges of incompetence in the area of certification.
3. Appeal
  - a. Any applicant denied certification has the right of appeal.
  - b. Any action to revoke or suspend certification shall be preceded by a copy of the complaint to the individual.
    - (1) Registrants will be given the opportunity to appeal any such disciplinary action.

## **II. Associate Professional Horticulturist Status**

### **A. General**

1. Registration
  - a. It is acknowledged that individuals training in horticulture may want to become professionally recognized through a professional certification program. There is a time-lapse between completion of the degree and attainment of the minimum work experience required to be eligible for full certification. For such cases, the classification of Associate Professional Horticulturist (APH) is available.
2. Certificate
  - a. A certificate is provided to each qualified individual registered as an Associate Professional Horticulturist.
3. Renewal
  - a. Registration is valid for the current calendar year, renewable annually, and cannot exceed the number of years specified under the time-limit requirements.
  - b. The Associate Professional Horticulturist does not participate in the recertification program until the Certified Professional status is acquired.

## **B. Area of Certification**

1. Associate Professional Horticulturist (APH)

## **C. Minimum Requirements for Eligibility**

1. It is expected that those persons applying for the Associate Professional status will be recent graduates who have not met the experience requirements for a fully Certified Professional. These graduates must meet degree requirements as stated for Certified Professional status.
2. The Associate Professional must subscribe to the ASHS CPH Code of Ethics and is subject to the same standards of ethics and professionalism as stated for Certified Professionals.

## **D. Application**

1. Documentation
  - a. A request for registration is made by submitting a completed application form, including the Summary of Core Requirements form, and providing the following information:
    - (1) An official transcript of all academic credits, including verification of degree(s).
    - (2) A professional resume, or personal biographical information, which includes educational background, a list of all professional positions held, a list of significant professional activities, and a list of memberships in professional and honorary organizations. If the applicant has held one or more professional positions, information about these experiences should be included on the Professional Experiences form.
    - (3) The names and addresses of at least five individuals familiar with your work and academic record.
      - (a) One must be from the degree-granting institution or an immediate supervisor.
      - (b) If the applicant has held one or more professional positions, references from the positions are also requested.
2. Fees
  - a. An application for certification must be accompanied by the appropriate fee as indicated on a current application. The fee schedule is briefly outlined below:
    - (1) Graduating students (bachelor, masters, or doctoral) qualify for a 50% discount on the application fee if they apply and pay the required fee before graduation.
    - (a) The application will be processed when transcripts verifying receipt of the degree and other documents are received.

## **E. Renewals**

1. Registration is renewed annually by payment of a fee.

## **F. Associate Time-limit Requirement**

### **1. Degree Requirement**

- a. The length of time a person may hold the Associate Professional status before applying for full Certified Professional status depends on the degree held. All requirements are exclusive of resident, full-time, graduate school work beyond the bachelor's degree.
- b. The individual holding a bachelor's degree is limited to six (6) years as an Associate Professional and is eligible to apply for full certification after five (5) years of professional practice.
- c. The individual holding a master's or doctoral degree may reduce the eligibility date and time limitation by two (2) years for each advanced degree held.

### **2. Termination**

- a. The Associate Professional status is terminated at the end of the time periods stated above or when Certified Professional status is granted, whichever comes first.

## **G. Transition to Full Certified Professional Status**

### **1. Application**

- a. Transition from the Associate Professional status to full Certified Professional status is not automatic; *an application must be made.*

- b. An Associate Professional may apply for Certified Professional status after acquiring the minimum number of years of professional experience.

### **2. Documentation**

- a. To apply for Certified Professional status, the Associate Professional must follow the steps as outlined in the Certified Professional status:
  - (1) Submit a completed application form.
  - (2) Attach an updated professional resume containing any additional information not included in the original credentials.
  - (3) Provide references as stated in the Certified Professional status. These references, where possible, should include those who have been previously identified as familiar with the Associate Professional's professional work experience.
  - (4) Remit the correct application fee. If the Associate Professional status is current, the application fee is one-half the amount for the Certified Professional. If the Associate Professional status is not current (annual renewal fee not paid), the fees are the same as the Certified Professional application fee.

## **H. Denial, Revocation, or Suspension of Associate Professional Status**

1. The right to deny, revoke, or suspend certification as an Associate Profession is vested in the certifying board as stated for Certified Professional status.



# Application for Professional Certification

in the American Society for Horticultural Science Certified Professional Horticulturist Program  
ASHS, Office of the CPH Registry, 1018 Duke Street, Alexandria, VA 22314  
phone 703-836-4606 • fax 703-836-2024 • e-mail ashscph@ashs.org

Office Use Only

Membership No. \_\_\_\_\_

Certification No. \_\_\_\_\_

## 1. APPLICANT'S NAME AND ADDRESS

\_\_\_ Dr. \_\_\_ Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_ Miss

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Are you a Member of ASHS? \_\_\_ Yes \_\_\_ No

**2. PERSONAL DATA** (Completion of this section is optional. Information regarding specific individual members will not be released.)

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Gender: \_\_\_\_\_

**3. AREA OF CERTIFICATION APPLYING FOR** (Each certification requires a separate application):

\_\_\_ Currently certified as \_\_\_\_\_ and applying for:

### Area of Certification

\_\_\_ Horticulturist, CPH \_\_\_ Horticulturist, APH

## 4. DOCUMENTATION REQUIRED:

a. Educational background, including: institution, degree(s), major and minor areas, date degree granted. And official transcript of all academic credits, including verification of degrees, required.

b. Completed Professional Experience Form. List all professional positions held, professional activities, and membership and offices held in professional and honorary societies.

c. References:

1. For Certified Professional Applications, refer to I.C.3.
2. For Associate Professional Applications refer to II.D.1(3)

d. Completed Core Summary Form.

e. Resume

f. Sign and date the ASHS Code of Ethics.

## 5. FEES

Certified Professional \$50

Associate Professional \$25

Associate Professional Prior to Graduation \$10

FEE ENCLOSED \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO:

American Society for Horticultural Science  
(Payment must be in U.S. funds)

The following credit cards are accepted:

\_\_\_ MasterCard \_\_\_ VISA \_\_\_ AmExpress

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Signature: \_\_\_\_\_

## 6. NAME TO BE PRINTED ON CERTIFICATE:

Degree following name (choose only one):

\_\_\_ BS \_\_\_ MS \_\_\_ PhD \_\_\_ Other \_\_\_ None

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name/Initial: \_\_\_\_\_

**7. PROFESSIONAL EXPERTISE**

Please choose one or more categories in which you can substantiate that you are technically and professionally qualified to practice. Place the category code that you feel the most technically and professionally qualified to practice in the first choice and the next most qualified in the second choice, and so on, up to four choices.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

- |                                |                            |
|--------------------------------|----------------------------|
| Agricultural Administration—P3 | Irrigation and Drainage—R2 |
| Agricultural Climatology—E1    | Molecular Genetics—C3      |
| Agricultural Development—F2    | Nursery Management—I8      |
| Agro-forestry—X0               | Olericulture—H6            |
| Agronomic Management—F1        | Ornamental Horticulture—H9 |
| Agronomy (general)—A1          | Pest Management—L7         |
| Best Management Practices—F4   | Pesticide Use—L8           |
| Biometrics—A3                  | Plant Breeding—J2          |
| Biotechnology—C1               | Plant Chemistry—K6         |
| Cell Biology—C2                | Plant Ecology—L1           |
| Computer-assisted Design—B5    | Plant Cytogenetics—J6      |
| Computer Modeling—B4           | Plant Cytology—J4          |
| Computer Uses—B1               | Plant Genetics—J7          |
| Crop Breeding—J1               | Plant Metabolism—K2        |
| Crop Chemistry—K5              | Plant Nutrition—U1         |
| Crop Cytogenetics—J5           | Plant Pathology—I5         |
| Crop Ecology—L1                | Plant Physiology—K4        |
| Crop Genetics—J7               | Plant Propagation—K7       |
| Crop Marketing—L3              | Plant Taxonomy—K8          |
| Crop Metabolism—K1             | Pollution Control—G6       |
| Crop Physiology—K3             | Pomology—H5                |
| Crop Production—L4             | Postharvest Physiology—H7  |
| Crop Protection—L6             | Product R&D—W3             |
| Crop Quality—O1                | Saline Soils—R5            |
| Crop Science—O2                | Seed Production—M1         |
| Cytology—J3                    | Seed Technology—M3         |
| Farm Management—F6             | Small Fruit Culture—I9     |
| Fertilizer Technology—Y1       | Soil Chemistry—S1          |
| Fertilizer Use—Y3              | Soil Fertility—U2          |
| Floriculture—H3                | Soil Management—W7         |
| Floristry—H4                   | Soil Plant Analysis—U4     |
| Garden Center Management—I7    | Statistical Analysis—B6    |
| Genetics—J9                    | Tissue Culture—C5          |
| Greenhouse Production—H2       | Tropical Agriculture—I3    |
| Ground Water Quality—G7        | Tropical Crops—I2          |
| Hazardous Waste Management—G2  | Turfgrass Management—N1    |
| Horticulture (general)—H1      | Viticulture—H8             |
| Impact Assessment—E4           | Weed Control—L0            |
| International Horticulture—I6  | Weed Science—L5            |
| Irrigation—R1                  | Undefined, Other—Z9        |

**8. PLEASE LIST NAME AND ADDRESS OF PRESENT EMPLOYER:**

Applicants Professional Title: \_\_\_\_\_

**9. DIRECTORY OF CONSULTANTS**

Please indicate below your preference. Would you like to be included in the Directory of ASHS Certified Professionals?

**YES** **NO**

**10. REFERENCES**

List name, professional title, employer, e-mail address, and complete mailing address (including ZIP code) for five individuals who are familiar with your work and qualifications.

a. Supervisor/Employer \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E-mail: \_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E-mail: \_\_\_\_\_

c. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E-mail: \_\_\_\_\_

d. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E-mail: \_\_\_\_\_

e. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E-mail: \_\_\_\_\_

**11. SIGNATURE**

I hereby certify that all information submitted in support of this application is correct and true to the best of my knowledge and that all information regarding this application will remain confidential. Before Certification is granted, as a final step, I will read and sign the ASHS CPH Code of Ethics.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant



ASHS  
1018 Duke Street  
Alexandria, VA 22314-2851

# Summary of Core Requirements HORTICULTURIST CERTIFICATION

This form does not substitute for transcripts,  
official transcripts are required

For Office Use

Memb. No. \_\_\_\_\_

Cert. No. \_\_\_\_\_

Area of Certification Desired  
\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

I. Professional Core	Course no.	Dept.	Title	Hours Credit		Grade	Univ.	Office use
				Sem.	Qtr.			
<b>Plant Physiology</b> (3 Sem. Hrs.–4 Qtr. Hrs.)								
				<b>Total</b>				
<b>Horticulture Crops</b> (12 Sem. Hrs.–16 Qtr. Hrs.) (vegetable crops, fruit crops, ornamental crops, greenhouse crops, foliage crops, floral crops, plant propagation)								
				<b>Total</b>				
<b>Plant Management/Plant Production</b> (6 Sem. Hrs.–9 Qtr. Hrs.) (weed science, plant pathology, entomology, pest management)								
				<b>Total</b>				
<b>Biology</b> (3 Sem. Hrs.–4 Qtr. Hrs.) (botany, microbiology)								
				<b>Total</b>				
<b>Genetics</b> (3 Sem. Hrs.–4 Qtr. Hrs.)								
				<b>Total</b>				
<b>Soil Science</b> (3 Sem. Hrs.–4 Qtr. Hrs.)								
				<b>Total</b>				
<b>Chemistry</b> (8 Sem. Hrs.–12 Qtr. Hrs.) (including one course in organic or biochemistry)								
				<b>Total</b>				
<b>Total Prof. Core Required</b> (38 Sem. Hrs.–57 Qtr. Hrs.)								
				<b>Total</b>				





## Example

### Professional Experience Form HORTICULTURIST CERTIFICATION

#### INSTRUCTIONS

1. List full-time positions in sequential order, ending with current position.
  2. List only professional-level positions in the area of horticulture beyond the baccalaureate degree. Work experience while obtaining an advanced degree should not be included.
  3. List beginning and ending month and year for all positions.
  4. If you have worked two positions concurrently, indicate under the percent time category the yearly percentage of time you worked in each position (see example number two).
  6. Show the percentage of time on an annual basis for each work activity (should total 100%).
6. Under reference, list the reference(s) most familiar with each work experience.
  7. Duties and responsibilities should be specific and detailed.
  8. Be sure to total years of experience. Remember that work experience gained while seeking a degree does not count toward the ASHS CPH work experience requirement.

#### Example #1

#### Employment Information

Length From	To	Degree Level	Employer Name, Location	Professional title	% Time	Duties and Responsibilities	% Time/Activity	Reference
9/92	9/93	BS	Young's Nursery Los Angeles, CA	Production Manager	100	Supervise planting, maintenance, and harvesting of 20 acres of nursery crops. Maintenance program consists of an integrated pest management program to reduce use of pesticides and fungicides. Manage pruning of all types of stock. Supervise drip irrigation system, including fertility injection. Supervise balled and burlap, containerized, and bare-root harvesting.	20 20 25 35	Bob Young Tom Field
9/94	9/96	MS	Monroe Christmas Tree Plantation Madison, WI	General Manager	100	Oversee production of Christmas tree and evergreen nursery crops. Supervise planting and site preparation. Supervise shearing and weed control. Supervise cutting, balled and burlap operations. Oversee greenhouse production of seedlings. Approve work plans of the five foremen and their crews. Coordinate with Sales and Marketing for distribution. Prepare budgets and capital purchases.	20 10 30 20 10 5 5	John Fir James True Robert Sams

Years of experience this page 3

Example 2 on back



## Example

### Professional Experience Form

#### HORTICULTURIST CERTIFICATION

#### INSTRUCTIONS

1. List full-time positions in sequential order, ending with current position.
2. List only professional-level positions in the area of horticulture beyond the baccalaureate degree. Work experience while obtaining an advanced degree should not be included.
3. List beginning and ending month and year for all positions.
4. If you have worked two positions concurrently, indicate under the percent time category the yearly percentage of time you worked in each position (see example number two).
6. Show the percentage of time on an annual basis for each work activity (should total 100%).
6. Under reference, list the reference(s) most familiar with each work experience.
7. Duties and responsibilities should be specific and detailed.
8. Be sure to total years of experience. Remember that work experience gained while seeking a degree does not count toward the ASHS CPH work experience requirement.

#### Example #2

#### Employment Information

Length From	To	Degree Level	Employer Name, Location	Professional title	% Time	Duties and Responsibilities	% Time/Activity	Reference
6/92-7/98		BS	Montgomery Community College Clearwater, FL	Instructor, Greenhouse Production	10	Teach greenhouse production for County Junior College Units taught are: history — glass vs. plastic, plastic selection, economics of heating air and soil, ventilation, carbon dioxide enrichment, use of steam from electric generating plants. Greenhouse management hands-on units taught are: production of poinsettias, Easter lilies, home garden packs and roses, and pesticide safety. Oversee greenhouse operations and maintenance.	30  60 10	Dr. Rose Dr. Walker Dr. Potter
7/96-7/98		BS	Self-employed Clearwater, FL	Chief Operating Officer	90	Own three production double-plastic greenhouses for hydroponic tomato production for wholesale distribution to local stores, from seedling to finished product. Developed the use of byproduct heat from local generating plant to heat facilities. Oversee pest management program. Maintain and plan injection fertility program. Designed and operate environmental controls. Market products. Supervise crews.	10 15 15 25 15 10	Dr. Thompson Robert Martin



**Professional Experience Form**  
**HORTICULTURIST CERTIFICATION**

For Office Use
Cert. No. _____ Memb. No. _____ Area of Certification _____

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of degree: BS \_\_\_\_\_ MS \_\_\_\_\_ PhD \_\_\_\_\_

Employment information (please see example page for instructions)

Length From To	Degree Level	Employer Name, Location	Professional title	% Time	Duties and Responsibilities	% Time/ Activity	Reference
For Office Use							
For Office Use							

Years of experience this page \_\_\_\_\_





# Code of Ethics

## *ASHS Certified Professional Horticulturist*

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### **Article I. Preamble**

1. The privilege of professional practice imposes obligations of responsibility as well as professional knowledge. The ASHS Certified Professional Horticulturist Board (CPHB) certifies the credentials of individuals who have completed a BS, MS, or PhD degree and have met the experience requirements set forth by the CPHB. Registrants who knowingly misrepresent their credentials will face disciplinary action.

### **Article II. Relation of Professional to the Public**

1. A Registrant shall avoid and discourage sensational, exaggerated, and/or unwarranted statements that might induce participation in unsound enterprises.
2. A Registrant shall not give professional opinion or make a recommendation without being as thoroughly informed as might reasonably be expected considering the purpose for which the opinion or recommendation is desired, and the degree of completeness of information upon which the opinion is based should be made clear.
3. A Registrant shall not issue false statement or false information, even though directed to do so by employer or client.
4. A Registrant shall endeavor to avoid any action or activity that would have the appearance of a conflict of interest.

### **Article III. Relation of Professional to Employer and Client**

1. A Registrant shall protect, to the fullest extent possible, the interest of his/her employer or client insofar as such interest is consistent with the law and professional obligations and ethics.
2. A Registrant who finds that obligations to their employer or client conflict with the professional obligation or ethics should work to have such objectionable conditions corrected.
3. A Registrant shall not use, directly or indirectly, an employer's or client's information in any way that would violate the confidence of the employer or client.
4. A Registrant retained by one client shall not accept, without the client's written consent, an engagement by another if the interests of the two are in any manner conflicting.
5. A Registrant who has made an investigation for any employer or client shall not seek to profit economically from the infor-

mation gained, unless written permission to do so is granted or until it is clear that there can no longer be a conflict of interest with the original employer or client.

6. A Registrant shall not divulge information given in confidence.
7. A Registrant shall engage, or advise employer or client to engage, and cooperate with other experts and specialists.
8. A Registrant protects the interests of a client by recommending only products and services that are in the best interest of the client and public.
9. A Registrant protects his/her credibility by disclosing to clients how he/she will be compensated for providing recommendations to the client.

### **Article IV. Relation of Professionals to Each Other**

1. A Registrant shall not falsely or maliciously attempt to injure the reputation of another.
2. A Registrant shall freely give credit for work done by others, to whom the credit is due, and shall refrain from plagiarism of oral and written communications and shall not knowingly accept credit rightfully due another person.
3. A Registrant shall not use the advantage of public employment (i.e., university, government) to compete unfairly with other certified professions.
4. A Registrant shall endeavor to cooperate with others in the profession and encourage the ethical dissemination of technical knowledge.

### **Article V. Duty to the Profession**

1. A Registrant shall aid in the exclusion from certification those who have not followed this Code of Ethics or who do not have the required education and experience.
2. A Registrant shall uphold this Code of Ethics by precept and example and encourage, by counsel and advice, other Registrants to do the same.
3. A Registrant having positive knowledge of deviation from this Code by another Registrant shall bring such deviation to the attention of the Board.

Approved by  
CPHB/ASHS  
6/25/00

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I understand and agree that failure to adhere to the above Code of Ethics can result in disciplinary action, including the removal of certification.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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