Maintain your active CNLP status TODAY!

Application for Recertification

It is your responsibility to keep your contact information up-to-date. If at any time your contact information changes, please update your records with the CNLP Coordinator.

Personal Information (Please Print)

NAME OF APPLICANT

HOME ADDRESS

CITY | STATE | ZIP

HOME PHONE | HOME FAX | HOME E-MAIL ADDRESS

EMPLOYER OR BUSINESS NAME

Is this company a current PLANT NYS Member? ☐ Yes ☐ No

PLANT NYS Region: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Recertification Options (Select One)	PLANT NYS MEMBER	NON-MEMBER
CNLP Recertification Exam	☐ $200	☐ $300
CNLP Recertification Credits	☐ $100	☐ $150
Senior CNLP Exam *(Eligible if active CNLP for 9 consecutive years)* Must take the full exam in person	☐ $175	☐ $350
Lifetime CNLP *(Eligible if active CNLP for 25 consecutive years)*	☐ For my 25 years of dedication, I'd like to become a Lifetime CNLP! (one-time fee) $100	☐ Please also send me a personalized Lifetime CNLP plaque $150
• CNLP Manual (full color copy) *Online manual is available at no charge*	☐ $135	☐ $150

Payment Information (Please Print)

☐ Check Enclosed: Ck #_____ Amount $_____

☐ Please charge my card in the amount of $_____

CARD # | EXPIRATION DATE

SECURITY CODE | BILLING ZIP CODE

PRINTED NAME | SIGNATURE | DATE | CNLP #

Send application with your payment to:

PLANT NYS
Attn: **CNLP Program Coordinator**
PO Box 215 | Cambridge NY 12816
Phone: 518.580.4063
Email: info@plantnys.org

A PROGRAM SPONSORED BY
PLANT NYS

PLANTNYS.ORG

Maintain your active CNLP status TODAY!

CNLP Recertification Credits

If submitting CNLP credits, complete this Log Sheet and return with your application and payment. If you need additional space, please copy this form or attach your own sheet.

Log Sheet

CNLP NAME ____________ CNLP # ____________ EXP. YEAR ____________

CNLP Recertification Credits

PROGRAM/ACTIVITY

NAME OF SEMINAR/CLASS ____________ NAME OF INSTRUCTOR/PROGRAM LEADER

PROGRAM DATE ____________ CREDITS EARNED

CNLP Recertification Credits

PROGRAM/ACTIVITY

NAME OF SEMINAR/CLASS ____________ NAME OF INSTRUCTOR/PROGRAM LEADER

PROGRAM DATE ____________ CREDITS EARNED

CNLP Recertification Credits

PROGRAM/ACTIVITY

NAME OF SEMINAR/CLASS ____________ NAME OF INSTRUCTOR/PROGRAM LEADER

PROGRAM DATE ____________ CREDITS EARNED

CNLP Recertification Credits

PROGRAM/ACTIVITY

NAME OF SEMINAR/CLASS ____________ NAME OF INSTRUCTOR/PROGRAM LEADER

PROGRAM DATE ____________ CREDITS EARNED

CNLP Recertification Credits

PROGRAM/ACTIVITY

NAME OF SEMINAR/CLASS ____________ NAME OF INSTRUCTOR/PROGRAM LEADER

PROGRAM DATE ____________ CREDITS EARNED

A PROGRAM SPONSORED BY
PLANT NYS
PLANTNYS.ORG