**To complete form, download and save to your device, add your information, then save again.**

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

Student Record/
Consultant Application
Form 6-2022

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