

**Landscape Horticulturist**

Recognized by the Provincial Apprenticeship Committee for the landscape horticulturist trade on October 23, 2014

Successfully Completed ✓	Course Code	Course Name
<input type="checkbox"/>	LGA3900	Apprenticeship Safety
<input type="checkbox"/>	LGA3405	Landscape Equipment
<input type="checkbox"/>	LGA3410	Soils 1
<input type="checkbox"/>	LGA3415	Solis 2
<input type="checkbox"/>	LGA3420	Plant Identification
<input type="checkbox"/>	LGA3425	Plant Taxonomy
<input type="checkbox"/>	LGA3430	Plant & Landscape
<input type="checkbox"/>	LGA3435	Botany 1
<input type="checkbox"/>	LGA3440	Botany 2
<input type="checkbox"/>	LGA3445	Greenhouse Environment
<input type="checkbox"/>	LGA3450	Greenhouse Production
<input type="checkbox"/>	LGA3455	Greenhouse System
<input type="checkbox"/>	LGA3460	Site Preparation
<input type="checkbox"/>	LGA3465	Turf
<input type="checkbox"/>	LGA3470	Woody Plants

All courses listed on this CTS Course Completion Record are required and must be instructed by an individual with journeyperson certification in the **Landscape Horticulturist** trade i.e. an individual holding a trade certificate recognized in Alberta.

Courses listed on this CTS Course Completion Record are available at Alberta Education’s website at <https://education.alberta.ca/career-and-technology-studies.aspx>. Instructors are obligated to teach the courses as prescribed, approved and authorized by Alberta Education pursuant to the *Education Act*.

I CERTIFY THAT: \_\_\_\_\_ has successfully completed all courses in the \_\_\_\_\_  
Student Name  
 CTS Apprenticeship Pathway for the trade of **landscape horticulturist** on \_\_\_\_\_  
Date  
 following the requirements for program recognition and advanced standing as referenced in the CTS Apprenticeship Pathways information document available at <http://tradesecrets.alberta.ca/about-us/forms-and-references/>.

School Name	Phone	School Authority
School Principal Signature		Name of School Principal <i>Please Print</i>
Secondary Teacher Signature		Name of Secondary Teacher <i>Please Print</i>
Journeyperson Instructor Signature		Name of Journeyperson Instructor <i>Please Print</i>
		Trade Certificate No.

For Department Use Only	
Approved by AIT Staff	Date

**A COPY OF THIS FORM MUST BE RETAINED BY THE APPLICANT**