



Professional Floral Design Evaluation Candidate Enrollment Form



All fields are required unless noted

* Name		*Telephone
*Address (Circle One: HOME / BUSINESS)		*FAX
*City		*Email
*State	*Zip	Web Page (optional)
<p>I have read and understand the Professional Floral Designer Evaluation as outlined on www.aifd.org. I agree to abide by the policies and procedures of the PFDE assessment program as set by the National Certification Committee and AIFD Board of Directors.</p>		
*Signature of Applicant <i>(required)</i>		*Date

Indicate below which one required educational pathway you have met:

- 1. Minimum of 3+ Years in Floral Industry (Must complete attached Work Verification Form)
- 2. AIFD approved Education Partner Certificate (enclose copy of certificate)
- 3. Certificate of Degree from AIFD approved College/University (enclose copy of certificate)
- 4. State Certification Credentials (enclose copy of certification)
- 5. AIFD Online/Hands-on Workshops (enclose a copy certificates)

1. **Enclose \$150.00 Candidate Fee.** This fee is not applicable towards the cost of the PFDE.
**\$125 if you already have a copy of the 1st Edition AIFD Guide to Floral Design (This book is used as a reference for Part 1 of the PFDE: online test)*

- Check Enclosed made payable to AIFD
 - Amex / Visa / MasterCard
- Credit Card #: _____
 Expiration Date: _____ Security Code: _____
 Signature: _____

2. It is recommended you review and complete the Self-Evaluation Analysis found on www.aifd.org.
3. At approximately three months out from the hands-on evaluation portion of the PFDE you will receive an Application to Participate where you will have various registration/payment options.

4. Fax, Scan/Email or Mail the above information to:

AIFD Headquarters
 720 Light Street
 Baltimore, MD 21230
 Fax: 410-752-8295
AIFD@assnhqtrs.com



Work Experience Verification
(This form is only required for Pathway #1 Candidates)

Applicant Name		Telephone
Address		FAX
City		Email
State	Zip	

*I do hereby attest that I have met the minimum three (3) years of floral design work experience. I also attest that these hours were specific to the manufacturing/creating of floral designs (or associated tasks) and not based on hours in sales, delivery, administration, etc. Should AIFD determine during its follow up audits that any information I have provided is incorrect or false, I realize that AIFD will disqualify me as a Candidate in the Professional Floral Design Evaluation program, or if I have completed the PFDE, disallow any results I may have received. Further I recognize that I am not entitled to any refund for PFDE fees I have paid.

Applicant Signature: _____ **Date:** _____

Employer Information*(required)

Employer Name		Telephone
Address		FAX
City		Email
State	Zip	Dates of Employment
		Approximate # of hours worked

Employer Name		Telephone
Address		FAX
City		Email
State	Zip	Dates of Employment
		Approximate # of hours worked

(*You may make copies of this page if you need additional space to enter work history.)