



Professional Skills Assessment Application Form

All fields are required unless noted

Name		Telephone
Address		FAX
City		Email
State	Zip	Web Page (optional)

1. Review Objectives for the Written and Hands-On PFDE

** I have read and understand the Objectives for the Written and Design (hands on) portions of the Professional Floral Design Evaluation, available at www.aifd.org:*

Signature of Application (required): _____

2. Meet minimum work experience

I attest that the included Work History and Professional Verification Forms are correct. Should AIFD determine that any information I have provided is, in fact, incorrect or false, I realize that AIFD may 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.

*** Signature of Application (required):** _____

3. Return completed Professional Verification Form (completed by a floral industry peer) and Work History Verification Form.

4. Return this cover sheet, the Professional Verification Form and the Work History Verification Form to:

National Certification Committee
Professional Skills Assessment
c/o AIFD Headquarters
720 Light Street
Baltimore, MD 21230

** You may send this in with a copy of the Candidate Enrollment Form and Candidate Enrollment Fee (\$150), which can be found at www.aifd.org



Professional Verification Form
(Letter of Recommendation)

FOR

FROM

Candidate Name	
Address	
City	
State	Zip

Reference Name	
Address	
City	
State	Zip

When submitting this letter of recommendation for the PSA pathway, please answer the following questions:

1. How long have you known the above named candidate?
2. To your knowledge, has he/she been employed in the floral business for at least three years?
2. What outstanding qualities have you observed from your association with the above named candidate?

3. Please rate the candidate on the following:

	5 (highest)	4	3	2	1 (lowest)	Unknown
1. overall design skills						
2. design creativity						
3. knowledge of floral industry						
4. communication skills						

Signature



Professional Skills Assessment Work Experience Verification

All fields are required unless noted

Applicant Name		Telephone
Address		FAX
City		Email
State	Zip	

<p>I do hereby attest that I have met the minimum 6000 hours 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.</p> <p>Applicant Signature</p>
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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

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

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

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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