Nutrient Management
Continuing Education Approval Form

Please apply for only one activity per form and carefully fill out requested information.

1. Name: ____________________________________________ Certification #: ____________
   Address: ______________________________________________________________________
   Email: _____________________________________________

2. Training Course, Workshop or Seminar Title: ______________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

3. Organized by (Name and Address): _____________________________________________
   ______________________________________________________________________________
   Name of Contact Person: ______________________________ Phone: ________________

4. Dates/Duration: ______________________________________________________________________

5. Location: ______________________________________________________________________

6. Attach program content, agenda and instructors names.

7. Mark specific topic(s) and time length from the program agenda related to Nutrient Management to be considered as continuing education units.

8. Attach proof of attendance with the application form.

For WV Nutrient Management CEU Review Board Use Only

Reviewed by: ________________________________ Date: ________________________________

Approved Credit Hours: ____________ Comments: ______________________________________

____________________________________________________________________________________