



West Virginia Department of Agriculture Nutrient Management Program

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: _____
