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: __________________________

e-mail completed form to mhedrick@wvda.us or mail it to:
WVDA - Nutrient Management Program
60B Industrial Park Road, Moorefield, WV 26836
Attention: Mark Hedrick