



## 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. Thank you*

1. Applicant's Name: \_\_\_\_\_ Cert. # \_\_\_\_\_

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: