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: ________________________________