

Certified Crop Adviser CEU Application Form

CEU Tracking Number

Please apply for ONLY ONE meeting per form and carefully type or print all requested information. Thank you.

Contact name _____ Contact phone no. _____ Contact fax no. _____

Sponsoring Organization _____ E-mail address _____

Contact Address _____ City _____ St/Prov _____ Zip/Postal _____

Meeting title _____ Open to public Yes No Fee \$ _____

Is this a previously approved meeting? Yes No If yes, provide tracking number and date held? ___ / ___ / ___

Meeting Location (Hotel name, convention ctr., etc.)	Address	City/State or Province/Zip or Postal Code	Date(s)	Time(s)

Program Information: Please complete the reverse side of this form, matching your topics being presented with the CCA Continuing Education Standards booklet. **To convert minutes to CEUs, please see the CEU conversion table in the instruction packet.**

CEUs Requested: Nutrient Mgmt. _____ Integrated Pest Mgmt. _____ Professional Development _____
Soil & Water Mgmt. _____ Crop Mgmt. _____ Total CEUs _____

List the states you wish to apply for CEUs in: _____

Please refer to CEU application instructions and indicate if you are applying for:

International CEUs
(6 or more states attending)

Local Board CEUs
(Submit to CE Contact for the local board the meeting location is in)

CCA BOARD USE ONLY

NM SW PM CM PD

CCA Board Representative Signature: _____ Date: _____