

Practitioner Name:_____

Forest Practitioner Continuing Education Summary Form

This form can be used by practitioners as an aid in keeping track of completed continuing education units. This form should be retained by practitioners and not submitted to the Division of Forestry.

Certification Period: ______

Seminars/Conferences/Wo	orkshops			
Name of event	Sponsoring Organization	Date	Location	CEUs earned
Webinars				
Title of Webinar	Sponsoring Organization	Date	Duration	CEUs earned