

CONNECTICUT FOREST PRACTITIONER ANNUAL REPORT
PART 1 OF 2



**FOREST PRODUCTS HARVESTER
ANNUAL REPORT FORM**

*For Forest Practice Activities Conducted During The Period Check
Correct Period Below:*

5/1/2020-4/30/2021

5/1/2021-4/30/2022

5/1/2022-4/30/2023

5/1/2023-4/30/2024

I. Practitioner Information:

Name: _____ Certification No: _____

Mailing Address: _____ Business Tel: _____

_____ Cell Tel: _____

Email Address: _____

Should your mailing address change at any time, notify us as soon as possible so you will continue to receive important notices.

II. Activities Summary:

NOTE: Report only those forest practices you worked on within the State of Connecticut during the designated reporting period!

Did you work as a Forest Products Harvester during the reporting period?
(check one) YES NO

If you checked "YES", please provide the following information:

The number of different harvest operations you worked on: _____
How many of them were you a full-time worker on? _____
How many of them were you a part-time worker on? _____

Please return both parts of this completed form, **before June 1st**, to the Connecticut DEEP Forestry, Forest Practices Act Program, 79 Elm Street, 6th Floor, Hartford, CT. 06106
If you have questions please call 860-424-3630 or email deep.forestry@ct.gov.

(OVER)

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III. Continuing Education Summary:

Forest Product Harvesters must submit 6 Continuing Education Units (CEU's) prior to the conclusion of their certification period. Failure to do so will result in the revocation of their certification or denial of their renewal application.

As a Forest Products Harvester, I attest that I have completed the professional equivalent of ___ CEUs within the last 12 months for a total of ___ CEUs towards the required 6 CEU's for my current four year certification .

I certify that the information which I have provided in this annual report and its attachments are true, accurate and complete.

Signed: _____ Date: _____

Proof of attendance to an educational event approved by CT DEEP's Division of Forestry must be submitted in order to receive CEU's. The only proof accepted by the Division of Forestry is an original Certificate of Completion from the course or workshop sponsor that contains the following information:

- The title of the course or workshop
- The date it was taken
- The name and certification number of the attending practitioner
- An original signature from a representative of the course or workshop sponsor

Certificates of Completion should be attached to the Annual Report being submitted.

It is the responsibility of the practitioner to obtain a Certificate of Completion from the course or workshop sponsor and submit it to CT DEEP's Division of Forestry. The Division of Forestry staff will not obtain and submit this information for you.

Note that all educational events must be evaluated and awarded CEU's by the CT DEEP's Division of Forestry before CEU's are granted. For events that have already been awarded CEU's, you only need to submit the Certificate of Completion as proof of attendance. For events that have not been awarded CEU's, you must submit proof of attendance AND a **copy of the event's program or agenda**. The agenda must include the program title, date held, length of the program in hours, the instructors name, the program sponsor, and identify a contact person.



**Connecticut
Department of Energy &
Environmental Protection**

FORESTRY DIVISION

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.

Practitioner Name: _____ Certification Period: _____ -- _____

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