



## CEU Approval Form

**Date of Session:** \_\_\_\_\_

**Name of Lecturer(s)/Teacher(s):** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

**Address of Program:** \_\_\_\_\_

**TOTAL SEAT TIME** (Do not include breaks, lunch): \_\_\_\_\_

**DOMAINS:** Session must relate to at least one of the 10 domains to qualify for CEUs. Please circle the domain that relates to the program for which you are applying for CEUs.

Urban Forestry

Tree Protection

Identification and Selection

Pruning

Installation and Establishment

Safe Work Practices

Tree Biology

Soil Management

Diagnosis & Treatment

Tree Risk Management

**Itinerary (Topic, speaker, lecture time, and how each topic pertains to a particular domain):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In the following space, please give the name, address, and phone number of the registrar (individual requesting the CEUs.)*

**Name of Applicant** (please print): \_\_\_\_\_

**Organization/Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, Province, PC:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

FOR OFFICE USE ONLY