

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: _____

CCA BOARD USE ONLY

NM SW PM CM PD
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CCA Board Representative Signature: _____ Date: _____

