

# 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: \_\_\_\_\_

