



Continuing Forestry Education
 Provider Application Form
 Part 1- General Information

Provider Information:

Provider Name: _____ Website: _____
(i.e. University, agency, chapter, state society)

Address/City/State/Zip: _____

Contact Name: _____ Phone: _____ E-mail: _____

Program Information:

Title: _____ Theme, if applicable: _____
(Complete, formal title)

Target audience:

- Foresters/Natural Resource Professionals
- Landowners
- Forestry Technicians
- Loggers
- Other _____

This program is a:

- Workshop
- Conference
- Lecture
- Field trip
- Self-study/self-pace
- Webinar

The program has:

- Optional events (field trips, workshops)
- No optional events

Date/Location Information:

Program takes place:

One-time Date: _____ From: _____ To: _____

Facility Name: _____ City: _____ State: _____

Multiple times Please list multiple cities, states, locations, dates separately.

Attendance Tracking:

Attendance will be tracked by:

- Registration records
- Sign-in sheets
- Quiz
- Other: _____

Agenda:

Please do one of the two following options:

1) Attach an agenda that has ALL the following information:

- Speakers' name, title, and employer
- Start/end time for each presentation
- Start/end time for each break

- Presentation title and complete description of content
- Field Trips – travel time and time at each location/stop

2) Complete Part # 2 of the application

An incomplete agenda or information will NOT be evaluated and will be returned.

Fax; mail; or email to SAF
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 20814 ♦ Fax: 301.897.3690 ♦ cf@safnet.org
 www.eforester.org
 Questions? Contact us at 866.897.8720

Office Use Only		Approved: _____
Date	Cat 1	Cat 2

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Part 2 – Program Content

Date	Presenter Name, Title, Employer	Presentation Title	Presentation Description	Length of Time+

+ If the self-pace/self-study activity includes reading material, please indicate the number of words. For programs that include field trips, each stop on the field trip should be treated as a presentation.