



# 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
- ☐ Quiz

☐ Sign-in sheets

☐ 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.**

Please return with application and supplemental information to the local CFE coordinator or the SAF National Office at:

CFE  
Society of American Foresters  
5400 Grosvenor Lane  
Bethesda, MD 20814

866 897-8720  
Fax: 301 897-3690  
www.safnet.org

CFE Coordinators can be found at <http://www.eforester.org/education/cfecoordinators.cfm>

# Continuing Forestry Education – Provider Application Form

## Section #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.