



**International Society of Arboriculture (ISA)
 Certification Program
Session/Course Approval Application for Continuing Education Units**

**PLEASE RETURN TO:
 International Society of Arboriculture - Rocky Mountain Chapter
 ATTN: David Flaig
 2255 W. Berry Ave.
 Littleton, CO 80165
 Please contact the ISA-RMC Office with any questions
 Phone: (303) 756-1815 Fax: (303) 798-1315**

Date of Session: _____

Name of Lecturer/Teacher: _____

Program Title: _____

City, State of Program: _____

TOTAL SEAT TIME (Do not include breaks, lunch) _____
 (i.e. class – 9:30-10:15/break/class – 11:00-12:00=1.75 CEUs)

DOMAINS – Session must relate to at least one of the 12 domains to qualify for CEUs.

Please circle the domain that relates to the program for which you are applying for CEUs.

- | | |
|----------------------------|------------------------------------|
| Nutrition/Fertilization | Soil/Water Relations |
| ID/Selection | Pruning |
| Installation/Establishment | Diagnosis/Treatment |
| Safety/Climbing | Tree/People/Ecology |
| Biology | Cable/Bracing/Lightning Protection |
| Construction Preservation | Tree Risk Assessment |

Explain in the area below how your educational session relates to the domain:

In the following space, please give the name, address, and phone number of the individual to whom the CEU forms should be returned
PLEASE PRINT CLEARLY

Name/Title of Applicant: _____

Organization/Company: _____

Address: _____

City, State, Zip: _____

Telephone: (_____) _____ Email: _____

Signature: _____ Date: _____

*****PLEASE SUBMIT A COPY OF YOUR SESSION(S) BROCHURE/AGENDA ALONG WITH THIS FORM *****