



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: Kathleen Hughes
6050 Greenwood Plaza Blvd., Suite #130
Greenwood Village, CO 80111
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
ID/Selection
Installation/Establishment
Safety/Climbing
Biology
Construction Preservation
Soil/Water Relations
Pruning
Diagnosis/Treatment
Tree/People/Ecology
Cable/Bracing/Lightning Protection
Tree Risk Assessment

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

[Empty box for explanation]

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 *****