



**International Society of Arboriculture (ISA)
 Certification Program**

Session/Course Approval Application for Continuing Education Units

**PLEASE RETURN TO:
 ISA SOUTHERN CHAPTER
 213 APOLLO DRIVE
 MOUNT AIRY, NC 27030
 PHONE: 336-789-4747
 FAX: 336-789-0202
 EMAIL: dcarter@isasouthern.org**

Date of Session: _____

Name of Lecturer / Teacher: _____

Program Title: _____

City and State of Program: _____

Is this Session a Public Event? []Yes or []No

TOTAL SEAT TIME (do not include breaks, lunch) _____
 (ie. Class - 9:30-10:15 / break / class - 11:00-12:00 = 1.75 CEU's)

DOMAINS - Session must relate to at least one of the 12 domains to qualify for CEU's.
 Please circle the domain that relates to the program for which you are applying for CEU's.

- | | | |
|------------------------------------------------------------------|--------------------------------|--------------------------|
| <input type="checkbox"/> Tree Nutrition and Fertilization | Installation and Establishment | <input type="checkbox"/> |
| <input type="checkbox"/> Tree Biology | Tree, Soil & Water Relations | <input type="checkbox"/> |
| <input type="checkbox"/> Identification & Selection | Safe Work Practices | <input type="checkbox"/> |
| <input type="checkbox"/> Pruning | Diagnosis & Treatment | <input type="checkbox"/> |
| <input type="checkbox"/> Cabling, Bracing & Lightning Protection | Trees, People & Ecology | <input type="checkbox"/> |
| <input type="checkbox"/> Construction Preservation | Tree Risk Assessment | <input type="checkbox"/> |

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

A copy of the program/agenda needs to be submitted along with this form, not doing so could delay the approval process.

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

Name / Title of Applicant (please print clearly): _____

Organization / Company: _____

Address: _____

City/State/Zip: _____

Telephone (include area code): _____ Fax: _____

E-mail: _____

Signature: _____ Date: _____

Please allow 2 weeks to process this application