

Certified Professional in Rangeland Management

CONTINUING EDUCATION UNIT DOCUMENTATION

Attendee Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

COURSE/WORKSHOP/SYMPOSIA DATE: _____

COURSE/WORKSHOP/SYMPOSIA TITLE: _____

LOCATION: _____

PRIOR APPROVAL FOR CEU'S: YES NO

NUMBER OF CEU CREDITS APPROVED: _____

IF PRIOR APPROVAL WAS NOT REQUESTED, ATTACH COPY OF COURSE AGENDA.

ATTENDANCE CERTIFICATION:

The above-named individual attended and completed this course.

Signature of Course Trainer/Facilitator

MAIL OR FAX COMPLETED FORM TO:

**Society for Range Management
10030 W 27th Ave
Wheat Ridge, CO 80215-6601
fax 303-986-3892**