



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

Date of Session: _____

Name of Lecturer / Teacher: _____

Program Title: _____

City and State of Program: _____

Is this Session a Public Event? Yes 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.

- | | |
|---|--------------------------------|
| Tree Nutrition and Fertilization | Installation and Establishment |
| Tree Biology | Tree, Soil & Water Relations |
| Identification & Selection | Safe Work Practices |
| Pruning | Diagnosis & Treatment |
| Cabling, Bracing & Lightning Protection | Trees, People & Ecology |
| 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.

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

Organization / Company: _____

Address: _____

City/State/Zip: _____

Telephone (include area code): _____ Fax: _____

E-mail: _____

Signature: _____ Date: _____