

North Carolina Board of Licensed Soil Scientists

APPLICATION FOR PROFESSIONAL DEVELOPMENT COURSE APPROVAL

Name of Education/Training: _____

Organization /Sponsor: _____

Location(s) of Training: _____

City: _____ State: _____

Course Format:

Workshop

Professional Meeting

Internet Course

Video/Tele Conference

College Course

Other (Describe): _____

(Attach Course Agenda with Submittal)

Course Instructor(s): _____

(Attach Instructor(s) Biography with Submittal)

Date(s) of Education/Training: _____

Time of Education/Training: _____

How will attendance be documented? _____

How many continuing education hours are you requesting for the training? _____

Submitted by (Please Print): _____

Phone: _____

Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Signed: _____

Submit Approval Form, Course Agenda and Instructor Biography to:

NCBLSS

P.O. Box 41368

Raleigh, North Carolina 27629

Or Email: elaine@execman.net or chair@ncblss.org