

ISA Certification Post Approval Instruction Sheet



1. Fill out the appropriate Post-Approval Form for which you are seeking CEUs.
2. Be sure to fill in your name and certification number in order for the form to be processed. Also, you should circle the appropriate domains that the event covered.
3. Submit a copy of the course outline or workshop information along with proof of attendance. If we do not have this information, your paperwork will be returned to you.
 - Seminars/Workshops:
 - 📎 Include a copy of the program and/or any handouts received that explain the content of the seminar/workshop. The date and length of time must also be noted.
 - College Courses
 - 📎 Include a copy of your official transcript. You should also note on the form if a lab was associated with this course, and note the course or courses for which you are seeking CEUs for.
 - Safety Meetings/In-house Training
 - 📎 Include a copy of any handouts from the meeting, showing overview of the content and the length and time of the meeting.
 - Published Article
 - 📎 Include a copy of the printed article.
 - CPR/First Aid Courses
 - 📎 Include a copy of the cards, front and back.
4. If more than one person is requesting the same credit, please attach a sign-in sheet, which includes the: printed name, ISA certification number, and signature for each.

Mail or fax your Post Approval Form with supporting documentation to:

International Society of Arboriculture
Certification Department
PO Box 3129
Champaign, IL 61826-3129

Fax: (217) 355-9516 to the ISA CERTIFICATION DEPARTMENT



**INTERNATIONAL SOCIETY OF ARBORICULTURE (ISA)
CERTIFICATION PROGRAM**

**Post-Approval Application for Continuing Education Units
CERTIFIED ARBORIST**

**PLEASE RETURN TO
International Society of Arboriculture
PO Box 3129
Champaign, IL 61826-3129**

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 10 domains to qualify for CEUs. Please circle the domain that relates to the program for which you are applying for CEUs.

Urban Forestry
Tree Protection
Identification and Selection
Pruning

Installation and Establishment
Safe Work Practices
Tree Biology

Soil Management
Diagnosis & Treatment
Tree Risk Management

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 requesting the CEUs. If multiple people are requesting credit for the same code, please attach a sign in sheet.

Certification ID number (must have this in order to process request) : _____

Name of Applicant (please print) _____

Organization/Company: _____

Address: _____

City, State, Zip: _____ **Telephone:** _____

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY		
Date _____	Value _____	Code _____