



INTERNATIONAL SOCIETY OF ARBORICULTURE (ISA)
CERTIFICATION PROGRAM

Pre-Approval Application for Continuing Education Units

PLEASE RETURN TO
ISA Prairie Chapter Office
Suite 53, 1500 14 St. SW
Calgary, AB T3C 1C9
e-mail : office@isaprairie.com fax : 1-866-651-8423

Date of Session: \_\_\_\_\_

Name of Lecturer/Teacher: \_\_\_\_\_

Program Title: \_\_\_\_\_

City, State of Program: \_\_\_\_\_

TOTAL SEAT TIME (Do not include breaks or lunch) \_\_\_\_\_
(i.e. class: 9:30-10:30 or class: 11:00-12:00 = 1.0 CEUs)

Were there any breaks? [ ]Yes [ ]No If yes – how long was each break? \_\_\_\_\_

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, Pruning, Tree Biology, Tree Risk Management, Tree Protection, Installation and Establishment, Soil management, Identification and Selection, Safe Work Practices, Diagnosis and Treatment

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 CEUs.

Certification ID number: \_\_\_\_\_

Name/Title of Applicant (please print): \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_