



NEW JERSEY BOARD OF TREE EXPERTS

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TRAINING COURSE INFORMATION FORM CONTINUING EDUCATION ATTENDANCE RECEIPT

Name of Sponsoring Organization: _____

Name of Meeting or Conference: _____

Date(s) of the Event: _____

Verifies attendance for:

Name Printed - License Number

Birth Date: _____

Month / Day / Year

Course Name: _____

Course Number: _____

CE Credits: _____

Course Date: _____

Signature of Course Coordinator and Name of Organization

NOTE: Please keep this record of attendance at an approved Continuing Education Credit Course. You will need to submit this to the Board of Tree Experts as evidence of the continuing education requirement for your License.