



State of New Jersey Board of Tree Experts

Pre-Qualification of an Educational Offering for Continuing Education Credits

LTE/LTCO TRAINING COURSE CEU APPLICATION

NOTE: THIS APPLICATION
MUST BE SUBMITTED AT
LEAST 45 DAYS PRIOR TO
COURSE OR PUBLICATION DATE

You will find this application on our website (www.njtreeexperts.org). Please fill it out completely, save it and then send it to: njtreeexperts@gmail.com (as an attachment to an email).

COURSE TITLE		COUNTY
NAME OF FACILITY & FULL ADDRESS WHERE COURSE WILL BE HELD		DATE(S) OFFERED
ORGANIZATION/SPONSOR(S) OFFERING COURSE		
COURSE OPEN TO THE PUBLIC? Yes ___ No ___	RECERTIFICATION CREDITS? Yes ___ No ___	CATEGORIES REQUESTED
IS THIS COURSE <u>IDENTICAL</u> TO A COURSE FIRST APPROVED WITHIN THE PAST 3 YEARS? No ___ Yes ___ If Yes, List Course Number:		TARGET AUDIENCE: ANTICIPATED NUMBER OF ATTENDEES _____
COURSE DURATION, BRIEF DESCRIPTION AND OBJECTIVES		
COURSE DURATION:	COURSE START TIME:	COURSE END TIME:
LIST ALL BREAKS IN CLOCK TIMES:		
BRIEF DESCRIPTION & COURSE OBJECTIVES:		
<p>YOU MUST ATTACH YOUR COURSE AGENDA. A DETAILED DESCRIPTION OF EACH TOPIC IS REQUIRED. INCLUDE START AND STOP TIMES FOR EACH TOPIC/SPEAKER. ALL BREAKS AND MEAL TIMES MUST BE SHOWN. INCLUDE A DESCRIPTION OF THE METHODS THAT WILL BE USED TO ENSURE THAT ONLY ATTENDEES WHO SIT FOR THE ENTIRE COURSE RECEIVE A COURSE CERTIFICATE.</p>		
NAME OF INSTRUCTOR(S), TITLE AND EDUCATIONAL DEGREE: 1. 2.	3. 4. 5.	
<p>CERTIFICATION: I agree to ensure that this training course will be conducted according to the standards set forth in the Course Sponsor Instructions. I understand the credits assigned to this LTE/LTCO Training Course are based on the agenda information and may be adjusted by Board of Tree Experts based on actual course content. I will notify the Board of all changes to the attached agenda at least 2 business days prior to date of course. I understand that submitting information for LTE/LTCO training course approval is a legal process. Falsification by a course sponsor responsible for the information provided, and/or failure to conduct the training as pre-approved, may result in the withdrawal of course approval, not only for the submitted course, but also for future courses.</p>		
NAME/SIGNATURE OF <u>PERSON RESPONSIBLE</u> FOR THIS COURSE		DATE
PRINT NAME, ADDRESS, TELEPHONE NUMBER, AND E-MAIL ADDRESS OF SPONSOR'S <u>CONTACT PERSON</u> FOR THIS COURSE:		
CONTACT'S EMAIL ADDRESS:		

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PLEASE USE THIS SECOND PAGE TO ADD ANY INFORMATION YOU FEEL
WOULD HELP THE BOARD OF TREE EXPERTS ASSIGN CONTINUING
EDUCATION CREDITS: