CERTIFIED CROP ADVISER CEU APPLICATION

IMPORTANT: *(A DETAILED AGENDA CONTAINING TOPICS, TIMES & SPEAKERS IS REQUIRED)*

Sponsor/Applicant:_____ Phone _____

Address: _____ City/State/Zip _____

Title of Course: _____

PROGRAM INFORMATION

	TOPICS *(LIST ONLY TOPICS YOU ARE APPLYING FOR)*	**TIME START**	**END**	**Min.**	**COMP AREA Standards Dcoument**	**SPEAKER (INCLUDE SPEAKER EVALUATION FORM)**
1						
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3						
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City/Date **MINUTES/COMP.AREA** **CEU CONVERSION TABLE**

	CITY	**DATE**		**AREA**	**MINUTES**		**MINUTES TO HOURS**		
1							20 - 45 Min. - 0.5	196-225 Min - 3.5	376-405 Min - 6.5
2				Soil/Water			46 - 75 Min. - 1.0	226-255 Min - 4.0	406-435 Min - 7.0
3				Nut Mgmt			76 -105 Min - 1.5	256-285 Min - 4.5	436-465 Min - 7.5
4				Pest Mgmt.			106-135 Min - 2.0	286-315 Min - 5.0	466-495 Min - 8.0
5				Crop Prod.			136-165 Min - 2.5	316-345 Min - 5.5	
6				Prof. Dev.			166-195 Min - 3.0	346-375 Min - 6.0	

SIGNATURE OF APPLICANT _____