VIRGINIA SHARP LOGGER CONTINUING EDUCATION PROGRAM

FORM FOR DOCUMENTING PARTICIPATION IN CONTINUING EDUCATION PROGRAMS OR ACTIVITIES OTHER THAN SHARP LOGGER SPONSORED PROGRAMS

(Examples are: Courses at local Community Colleges; Continuing Education Workshops or Short Courses; Service on Public or Community Boards or Commissions; Professional Training Programs; Degrees or Certificates Earned, Etc.)

NAME: ____________________________ SHARP Logger # (if known)_______

COMPANY NAME: ______________________ PHONE (work): __________________

OWNER: ______________________ PHONE (home): __________________

E-MAIL: ______________________ PHONE (fax): __________________

ADDRESS: ________________________ (Mark box if this is a change of Address or Company)

CITY: __________________ COUNTY: ____________ STATE: ___ ZIP: __________

NAME OF CONTINUING EDUCATION PROGRAM OR ACTIVITY: ____________________________

________________________________________________________

LOCATION: ________________________________________________

DATE: _______________ TIME: _______ NO. OF HOURS (OR CREDITS): _______

CONTACT PERSON: __________________ PHONE #: __________________

BRIEF DESCRIPTION OF CONTINUING EDUCATION PROGRAM OR ACTIVITY**: ________________

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** A Program Outline, Course Syllabus, Certificate of Participation, Attendance List or other form of documentation of participation is acceptable (please attach to this form).

Please mail completed form to: Scott Barrett
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Blacksburg, VA 24061
Phone: (540) 231-6494 Fax: 540-231-3330
E-mail: sharplogger@vt.edu