



Continuing Forestry Education Post Approval Form

For non SAF Members and non Certified Foresters

Date: _____ Name: _____

Address: _____

E-mail: _____ Phone number: _____

Non-member and non-Certified Foresters are assessed an annual fee. The fee includes evaluation of events; history reports, and maintenance of personal CFE records.

Fee rate: \$25 Already Paid Check enclosed Visa MasterCard American Express Discover

Card #: _____ Expires: _____ Security code: _____

For all Categories - YOU MUST SUBMIT A COMPLETE AGENDA AND EVIDENCE OF COMPLETION.

Categories 1-CF; 1-FCA; and 2

Program Title	Date(s)	Provider	Location (City/State)

Evidence of Completion for Categories 1-CF; 1-FCA; and 2 includes one of the following:

- Program receipt which contains the name of meeting, date, and provider name
(Copy of registration form is NOT acceptable)
- Certificate of completion /attendance with individuals name; date; program title; and provider's name
- Receipt for hotel or airfare with individual's name; date; and location
- Proof of passing and/or finishing any self-study courses
- Attendance list from program provider including individuals name; date; and program title

A copy of the final meeting agenda with date; speaker names; and presentation descriptions must be in addition to any of the above items.

Category 3 – Volunteer and Professional Development Activities

All category 3 professional activities must be undertaken outside of normal job responsibilities and be related to any Category 1 (1-CF or 1-FCA) Topics / Knowledge Content Area.

All of the following activities are: part of my normal job responsibilities
 not part of my normal job responsibilities

Presentations and conducting workshops

Date	Event Title	Presentation Title/Description	Audience type/number	Length of Time

Publications

Date	Article Title	Publication title	Author			Peer Reviewed		Length (in words)		
			First	Second	Third	Yes	No	≤ 500	500 - 1000	> 1000

Professional Development Activities

Date To/From	Office Held	Organization	Tasks

Evidence of Completion for Category 3 includes one of the following:

- Meeting agenda listing provider’s name; program title; dates; individual’s name, presentation name, and length of presentation.
- Copy of individual article with publication’s name and date.
- Letter or certificate from organization verifying volunteer activities. Please contact SAF directly to verify SAF activities.

Please fax or mail this form to

SAF ♦5400 Grosvenor Lane ♦ Bethesda, Maryland ♦ 20814-2198 ♦ Fax: 301 897-3691 ♦ www.safnet.org
 Questions? Contact Pat Cillay at 866/897-8720 ext. 122 or via e-mail at cillayp@safnet.org