



Continuing Forestry Education Post Approval Form

For non SAF Members and non SAF Certified Professionals

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: \$30 Already Paid Check enclosed Visa MasterCard American Express Discover

Card #: _____ Expires: _____ Security code: _____

AN AGENDA AND EVIDENCE OF COMPLETION MUST BE INCLUDED FOR ALL CATEGORIES.

Note: Do not submit items that received pre-approval for CFE credit from SAF.

Categories 1 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

Category 3 – Volunteer and Professional Development Activities

All category 3 professional activities must be undertaken outside of normal job responsibilities and be related to Category 1 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	Juried Publication		Reviewer		Author			Length (in words)			
			Yes	No	Yes	No	1st	2nd	3rd	≤ 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 from publisher/editor verifying service as a reviewer of a juried article.
- Letter or certificate from organization verifying volunteer activities. Please contact SAF directly to verify SAF activities.

Please fax or mail this form to

SAF ♦ 10100 Laureate Way ♦ Bethesda, Maryland ♦ 20814-2198 ♦ Fax: 301.897-3690 ♦ www.eforester.org
 Questions? Contact us at 866.897.8720 ext. 122 or via e-mail at cf@safnet.org