## SUPPLEMENTAL FORESTRY EDUCATION STATEMENT

Submit this form with your application for an intern forester license.

NAME OF APPLICANT:\_\_\_\_\_ DATE:\_\_\_\_\_

Please document 60 contact hours of supplemental forestry education below. Education must have been completed within 4 years preceding the date of application. (Photocopy as necessary.)

COURSE DATE(S)	NAME OF COURSE, PROGRAM, PRESENTATION OR OTHER ACTIVITY	# CONTACT HOURS
	1	

CONTINUE ON REVERSE

COURSE DATE(S)	NAME OF COURSE, PROGRAM, PRESENTATION OR OTHER ACTIVITY	# CONTACT HOURS