



State of Nevada
 Department of Agriculture
 2300 McLeod St
 Las Vegas, Nevada 89104
 Telephone 702-486-4690
 Fax 702-486-4695

APPLICATION FOR CONTINUING EDUCATION ACTIVITY

Please complete this request and return with the following:

- ✓1. Detailed course outline: **G Attached.**
- ✓2. Copies of all materials (handouts, etc.) **G Attached.**
- ✓3. Copy of certificate of completion, or equivalent, being provided to students **G Attached.**

NOTE: A vita/biographical sketch or Application (Part B) is required for each continuing education instructor. Please attach.

NAME OF PROVIDER:	CONTACT PERSON:	TELEPHONE NO.: _
Contact E-mail: (An E-mail will be sent to this address when the course is approved)		
NAME OF INSTRUCTOR(S)(If different than contact person) -- ATTACH: VITA, BIO, OR PART B APPLICATION:		
MAILING ADDRESS:		
TITLE OF ACTIVITY:		
DATES OFFERED & LOCATIONS:		Total Classroom Hours:
TYPE OF ACTIVITY OFFERED: G Technical Activity G Seminar or Conference G In House Training G Other:		<u>Hours Requested for Each Topic:</u> Laws = _____
FREQUENCY OF ACTIVITY: G Annual (one time only) G Ongoing / Open G On request G Other :		General = _____
BRIEF DESCRIPTION OF ACTIVITY:		
OTHER COURSE INFORMATION: <u>Fee to Attend</u> G Yes (\$)) G No; <u>Open to the Public</u> : G Yes G No;		
G <u>Other info</u> -		
The NDOA may video tape portions of this course for future CEU activities. Permission to video tape this course is granted to the NDOA for this purpose. <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO NOT WRITE BELOW THIS LINE		

ACTIVITY IS: Approved Denied

Course No. assigned NV-

CEU's Assigned: _____ Laws (____) General (____)

Approving Signature _____

Date _____