



State of Nevada
 Department of Agriculture
 2300 E. St. Louis Ave.
 Las Vegas, Nevada 89104
 Telephone 702-668-4545
 Fax 702-668-4567

APPLICATION FOR CONTINUING EDUCATION ACTIVITY

Please complete this request and return with the following:

- ✓1. Detailed course outline: **Attached.**
- ✓2. Copies of all materials if used for education **Attached.**
- ✓3. Copy of certificate of completion, or equivalent, being provided to students **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:					
DATE(S) OFFERED:					
LOCATION (PLACE & ADDRESS):				Total Classroom Hours:	
TYPE OF ACTIVITY OFFERED: <input type="checkbox"/> Technical Activity <input type="checkbox"/> Seminar or Conference <input type="checkbox"/> In House Training <input type="checkbox"/> Other:				Hours Requested for Each Topic: Laws = _____	
FREQUENCY OF ACTIVITY: <input type="checkbox"/> Annual (one time only) <input type="checkbox"/> Ongoing / Open <input type="checkbox"/> On request <input type="checkbox"/> Other:				General = _____	
BRIEF DESCRIPTION OF ACTIVITY:					
OTHER COURSE INFORMATION: Fee to Attend <input type="checkbox"/> Yes (\$ _____) <input type="checkbox"/> No Open to the Public: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Other info -					
DO NOT WRITE BELOW THIS LINE					

ACTIVITY IS: Approved Denied

CEU's Assigned: _____ Laws (_____) General (_____) Course No. assigned NV-_____

Approving Signature _____ Date _____