



New Mexico Department of Agriculture
Pesticide Compliance
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Las Cruces, NM 88003
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CONTINUING EDUCATION UNIT (CEU) APPROVAL APPLICATION

COURSE TITLE _____

SPONSOR _____

Contact Person _____

Mailing Address _____

City, State, Zip _____

Phone Number _____

E-mail _____

Course Location _____

City, State _____

Course begins at _____ (time) on _____ (date)

Course ends at _____ (time) on _____ (date)

Registration Information or Comments _____

Will this course be open to the public? _____

Expected number of attendees requiring CEUs _____

OFFICE USE ONLY

Workshop No: _____

Received: _____

CEUs Requested: _____G_____T

Course topics for CEU approval: All information must be completed on this form; however, the description may be a separate attachment for more space if necessary. If an agenda is available, please submit it also.

Title _____

Speaker _____

Method of Instruction: [] Lecture [] Slide/Film/Video [] Panel Discussion [] Demonstration [] Other _____

Date _____ Start time _____ End Time _____

Description of information presented: _____

Title _____

Speaker _____

Method of Instruction: [] Lecture [] Slide/Film/Video [] Panel Discussion [] Demonstration [] Other _____

Date _____ Start time _____ End Time _____

Description of information presented: _____

Title _____

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Method of Instruction: [] Lecture [] Slide/Film/Video [] Panel Discussion [] Demonstration [] Other _____

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