

**FOREST SERVICE CONTINUING EDUCATION PROGRAM
FOR NATURAL RESOURCE PROFESSIONALS
Registration for Enrollment**

For: **Forest Service Personnel**

Name: _____ Date: _____

(If you have previously attended workshops and have changed your last name since then, please give your maiden/former name in parentheses. This will help reduce duplication in the database. Thank you)

Title:

Present Series & Grade:

Gender:

Year started present position:

Year started as Professional:

Email address:

Phone number:

Postal Work Address: _____

ACADEMIC EDUCATION

<u>Universities Attended</u>	<u>Degree</u>	<u>Dates</u>	<u>Major/Minor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Completed Workshops in this Continuing Education Program (CE-WFW):

- 1.
- 2.
- 3.
- 4.

Workshop in which your are confirmed for this year:

Title:

Host Institution:

Have you attended a CEEM (Continuing Education in Ecosystem Management) or NRI Forest Service program? (All the Regions now host such workshops – the lead generally taken by the Silviculture staffs.)

Please complete your SF182 and submit it to the vendor (or to your Regional CE-WFW Coordinator, depending on your Coordinator's preference). This must be done without delay.

Supervisor Concurrence: ___ Yes, my supervisor agrees to my attending this workshop.

Supervisor name:

Email address:

Phone number:

This form is filled out once you have been confirmed for the CE-WFW workshop you requested during the spring nomination period. This information is used to maintain our database. The vendor will contact you with specific workshop information a few months prior to the workshop. You can also visit the CE-WFW program website for additional information (www.fs.fed.us/biology/education).

Please send this form electronically to: shelly.witt@usu.edu or switt01@fs.fed.us

Or hard copy to:

Shelly Witt, National Continuing Education Program Leader – WFW

USDA Forest Service

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