



# Continuing Education Credit Application Form

IHLA Office Use		
Date Received	_____	
Received From	_____	
Approved	YES	NO

Submit this form to request CE credits for programs attended but not pre-approved by the IHLA Forestry Committee office. For assistance please call 800-640-4452

Indiana Hardwood Lumbermen's Association  
1849 Broad Ripple Avenue  
Indianapolis, IN 46220

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## **Personal Information**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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## **Program Information**

A program brochure will suffice if all the information below is clearly stated in the brochure. Attach additional pages if necessary.

Program Date: \_\_\_\_\_ Program Location: \_\_\_\_\_

Program Subject: Include topic titles and/or brief description of topics.

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Program Time: Start and end times for each session of the program.

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Program Provider: Name and contact information of individual and/or organization providing the program.

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Instructor Name(s) and Affiliation:

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