



## Oklahoma Department of Agriculture, Food and Forestry

### Instructions for Completing ODAFF “CEU Request “Application

Please read all instructions before you submit your request application. If you have questions please contact Ryan Williams at (405) 522-5993 or Debbie Mandrell at (405) 522-5949.

**To receive CEU credits you MUST fill out a CEU Request Application. You must fill out sponsor information and course information. You must also fill out the presentation information for each presentation presented.**

#### **Sponsor and Course Information** (CPS Form-CEU-1)

**Sponsor Name.** Enter the name of the group or entity conducting the workshop.

**Contact Person Name.** Enter name of person responsible for the workshop.

**Mailing Address.** Complete address, along with phone number, fax number, e-mail, and website if applicable.

**Workshop Title.** Enter the name of workshop.

**Will this workshop be open to the public?** Check appropriate box.

**Will a fee be charged?** Check appropriate box. If yes, list the cost.

**Course Location.** Enter the location of the workshop, address, city, state, and zip code.

**Workshop Date.** Enter the date of the workshop.

**Repeat Date.** If the same workshop is going to take place at the same location on multiple dates, enter the other dates.

\*\* If the same workshop is going to be held at different locations you **MUST** fill out a new CEU Request Application.

#### **Presentation Information** (CPS Form-CEU-2)

**Workshop Title.** Enter the name of the workshop.

\*\*Keep in mind a separate request form (CEU-2) **MUST** be filled out for **each presentation**.

**Workshop Date.** Enter the date of the workshop.

**Time of Presentation.** Enter the time of the presentation.

**Presentation Title.** Enter the title of the presentation.

**Summary of Presentation.** Write a short but descriptive summary of what the presentation will cover.

**Speaker Name.** Enter the name of the speaker.

**Speaker Bio.** Enter a descriptive bio of the speaker presenting the presentation.

**Presentation Length.** List how long the presentation is in minutes.

**Categories.** Check the appropriate categories you wish to be considered for credit.

**Please include a copy of the agenda if available.**

**For your workshop to be considered for CEU credit, you MUST fill out a CEU-1 and a CEU-2 for each presentation.**

# Oklahoma Department of Agriculture, Food and Forestry

Mail to:  
Consumer Protection Services  
Attn: Ryan Williams  
P.O. Box 528804, Oklahoma City, OK 73152-8804  
<http://www.oda.state.ok.us/cps.htm>

Email to:  
Ryan Williams  
CPS Certification & Training Administrator  
405-522-5993  
ryan.williams@ag.ok.gov

## CEU Request Application

### Sponsor Information

Sponsor Name:		
Contact Persons Name:		
Mailing Address:		
City:	State:	Zip:
Phone:	FAX:	
E-mail:	Website:	

### Course Information

Workshop Title:		
Will this workshop be open to the public?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will a fee be charged?    Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how much?	
Course Location:		
Address:		
City:	State:	Zip:
Workshop Date:		
Repeat Date:		
Repeat Date:		
Please include a copy of the agenda if available. Presentation request form must be filled out for each presentation.		

**CEU Request Application  
Specific Presentation Information**

**Presentation Information**

Workshop Title:	
<b>A <u>separate</u> request form <u>must</u> be filled out for <u>each</u> presentation.</b>	
Date of Presentation:	Time of Presentation:
Presentation Title:	
Summary of Presentation:	
Speaker Name:	
Speaker Bio:	
Presentation length (minutes)	

Please consider this presentation for credit in the following Category(s)

<input type="checkbox"/> Aerial <input type="checkbox"/> Ag. Plant (1a) <input type="checkbox"/> Ag. Animal (1b) <input type="checkbox"/> Forest Pest (2) <input type="checkbox"/> Ornamental / Turf (3a) <input type="checkbox"/> Interiorscape (3b)	<input type="checkbox"/> Nursery & Greenhouse (3c) <input type="checkbox"/> Seed Treatment (4) <input type="checkbox"/> Aquatic (5) <input type="checkbox"/> Right of Way (6) <input type="checkbox"/> General Pest (7a) <input type="checkbox"/> Structural Pest (7b)	<input type="checkbox"/> Fumigation (7c) <input type="checkbox"/> Public Health (8) <input type="checkbox"/> Demonstration/Research (10) <input type="checkbox"/> Bird & Predatory Animal (11) <input type="checkbox"/> Timber Treating (12) <input type="checkbox"/> Specialty Category (13)
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Do not type below this line

ODAFF use only. Approved for Credit in: