



Continuing Forestry Education

Post Approval Form

*For SAF members; Certified Foresters®; Candidate Certified Foresters®;
and Certified Urban and Community Foresters*

Date: _____ SAF/CERT Number: _____ Name: _____

E-mail: _____ Phone number: _____

AN AGENDA AND EVIDENCE OF COMPLETION MUST BE INCLUDED FOR ALL CATEGORIES.

Note: Do not submit items that received pre-approval for CFE credit from SAF.

Post Approval Form and documentation can be upload through your account on
the SAF website – www.eforester.org

Categories 1 and 2

Program Title	Date(s)	Provider	Location (City/State)

Evidence of Completion for Categories 1 and 2 includes one of the following:

- Program receipt which contains the name of meeting, date, and provider name (Copy of registration form NOT acceptable)
- Certificate of completion /attendance with individuals name; date; program title; and provider’s name
- Receipt for hotel or airfare with individual’s name; date; and location
- Proof of passing and/or finishing any self-study courses
- Attendance list from program provider including individuals name; date; and program title

Category 3 – Volunteer and Professional Development Activities

All category 3 professional activities must be undertaken outside of normal job responsibilities and be related to Category 1 Topics / Knowledge Content Area.

- All of the following activities are:
- part of my normal job responsibilities
 - not part of my normal job responsibilities

Presentations

Date	Event Title	Presentation Title/Description	Audience	Length of Time

Publications

Date	Article Title	Publication title	Juried Publication		Reviewer		Author			Length (in words)				
			Yes	No	Yes	No	1st	2nd	3rd	≤ 500	500 - 1000	> 1000		

Professional Development Activities (involve *active participation* and significant contribution to the profession)

Date To/From	Activity/Office Held	Topic Addressed	How did activity contribute to the profession

Evidence of Completion for Category 3 includes one of the following:

- Meeting agenda listing provider's name; program title; dates; individual's name, presentation name, and length of presentation.
- Copy of individual article with publication's name and date.
- Letter from publisher/editor verifying service as a reviewer of a juried article.
- Letter or certificate from organization verifying volunteer activities. Please contact SAF directly to verify SAF activities.

Please fax or mail this form to

SAF ♦ 10100 Laureate Way ♦ Bethesda, Maryland ♦ 20814-2198 ♦ Fax: 301.897.3690 ♦ www.eforester.org
 Questions? Contact us at 866.897.8720 or via e-mail at cf@safnet.org