

**Executive Director:** Rose Epperson, CAE Arizona • California • Hawaii • Nevada

## **WESTERN CHAPTER ISA**

## **Application for Continuing Education Units (CEUs)**

(for Certified Arborist, Arborist Specialty, Board Certified Master Arborist and Certified Tree Worker)

Coı	ntact Person:
Coı	mpany:
Ad	dress:
Cit	y State Zip:
Pho	one:Fax:Email:
Co	urse/Program being put on by:
Titl	le of Course/Program:
Da	te(s) of Course/Program:
Loc	cation of Course/Program:
Tot	tal Hours of Course/Program:(Do not include meals or breaks)
CEI	Us are awarded to subjects that relate to one or more of the following domains:
Wc	rcle the ones that apply to your program) Tree Nutrition/Fertilization, ID/Selection, Installation/Establishment, Safe ork Practices, Tree Biology, Tree Soil/Water Relations, Pruning, Diagnosis/Treatment, Trees/People/Ecology, ble/Bracing/Lightning Protection, Construction Preservation, Tree Risk Assessment, Urban Forestry Management.
1.	Attach the agenda for the Course/Program to be presented or attach a brief outline of the course to be presented.
2.	Describe the Primary subject Matter to be covered:
	Attention: If this is not a WCISA sponsored meeting/s, please enclose \$10 for each course code requested
Pa	yment type enclosed circle one: Check Visa MC Amx  Check or credit card number Exp. Date CVV
	Send completed application to WCISA, Rose Epperson
	Jena completed application to Weish, Nose Epperson

31910 Country Club Drive, Porterville, CA 93257 – Fax to 714/639-9450