



**Continuing Forestry Education  
Post Approval Form**  
For SAF members, Certified Foresters®, and  
Candidate Certified Foresters®

Please type or print information

Date: \_\_\_\_\_ SAF/CF Number: \_\_\_\_\_ Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

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**For all Categories - YOU MUST SUBMIT A COMPLETE AGENDA  
AND EVIDENCE OF COMPLETION.**

*(Note: Do not submit items that received pre-approval for CFE credit from SAF.  
All CFE records of SAF members and CFs are automatically updated based upon sign-in sheets and/or  
attendance records.)*

**Categories 1-CF; 1-FCA; and 2**

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

Evidence of Completion for Categories 1-CF; 1-FCA; and 2 includes one of the following:

- Program receipt which contains the name of meeting, date, and provider name  
(Copy of registration form is 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

A copy of the final meeting agenda with date; speaker names; and presentation descriptions must be in addition to any of the above items.

### Category 3 – Volunteer and Professional Development Activities

All category 3 professional activities must be undertaken outside of normal job responsibilities and be related to any Category 1 (1-CF or 1-FCA) Topics / Knowledge Content Area.

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

#### Presentations and conducting workshops

Date	Event Title	Presentation Title/Description	Audience type/number	Length of Time

#### Publications

Date	Article Title	Publication title	Author			Peer Reviewed		Length (in words)		
			First	Second	Third	Yes	No	≤ 500	500 - 1000	> 1000

#### Professional Development Activities

Date To/From	Office Held	Organization	Tasks

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 or certificate from organization verifying volunteer activities. Please contact SAF directly to verify SAF activities.

Please fax or mail this form to  
 SAF ♦5400 Grosvenor Lane ♦ Bethesda, Maryland ♦ 20814-2198 ♦ Fax: 301 897-3691 ♦ www.safnet.org  
 Questions? Contact Pat Cillay at 866/897-8720 ext. 122 or via e-mail at cillayp@safnet.org