

ARIZONA DEPARTMENT OF AGRICULTURE
Continuing Education Course Presenter/Preparer Qualifications Statement
ONCE APPROVED, THIS STATEMENT IS VALID FOR 7 YEARS*

Presenter/Preparer's Name: _____ Affiliation: _____

Address: _____ Telephone No.: _____ Email: _____

Education/Licenses/Certifications

List agriculture related education, licenses or certifications which makes the presenter/preparer qualified to present or prepare this course or a subject, part of this course.

Degree/License/Certificate:	Issuing Authority:	Year Issued:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any employment which has enhanced your knowledge in the agricultural field which makes you qualified in presenting or preparing this course or a subject, part of this course.

Employer:	Supervisor:	Telephone No.:	Dates of Employment:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any prior agriculture-related courses which you have prepared or presented:

Course Name:	Brief description of course:
_____	_____
_____	_____
_____	_____
_____	_____

If you lack any of the above qualifications, explain below what makes you qualified to present or prepare the course or a subject part of the course being submitted for review for continuing education.

Failure to complete all sections may result in the delay of the review and approval of this application.

I swear or affirm that the information contained herein is true and correct. I authorize the Arizona Department of Agriculture to contact any company or organization I listed on this document for the purpose of verification.

Signature: _____ Date: _____