NDSU Extension Master Gardener Continuing Education Form

Name _____ Home County _____ Hours for (circle one): INTERN (optional) CERTIFIED (req)

Please note any change in phone, email, or mailing address: _____

☐ I would NOT like recertification via US mail (you will be notified via email that recertification is complete)

Report hours through October 1 sending forms by October 15 each year. Meet 10 hour EMG minimum to maintain active status.

Date	Location	Instructor	Course Title/Description	Total Hours

By submitting this document I verify that I participated in the continuing education opportunities listed above.

Scan or photograph and email to:
Shannon.Ueker@ndsu.edu

OR

- USPS mail to: NDSU Extension Master Gardener
  Dept 7670, PO Box 6050
  Fargo, ND 58108