

# ND Certified MG/Diagnostician Hours Completed

Master Gardener Diagnosticians, you may report both your diagnostic and regular volunteer service hours on this form. Please use the Continuing Education Form to report those hours separately. Report hours through October 1 sending forms by October 15 each year.

Name \_\_\_\_\_ Home County \_\_\_\_\_ Hours for (choose one): APPRENTICE EMGD

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

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

By submitting this document I verify that I completed the diagnostic and volunteer work listed below.

Date	Location: must be ND or border county in MN, SD, MT	Service Category (DIAG or VOL)	Description of Problem and Resolution OR Description of Volunteer Work If needed, and to help us better nominate volunteers for awards, please attach additional items to explain your work.	Total Hours

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