NDSU Extension Master Gardener Continuing Education Report

Please do not write on the back of this form. Send any contact info changes to Shannon.ueker@ndsu.edu.

Report hours through September 30 and submit forms by October 15 each year. Review hours goals to remain active by visiting NDSU Extension Master Gardener website.

NAME:

Current Status	EMG Intern ☐	Certified EMG ☐	Diagnostic Apprentice ☐	Diagnostician ☐

DATE	**INSTRUCTOR/ PRESENTER**	**DESCRIPTION OF EXPERIENCE (course title, garden tour location and theme, etc)**	**SESSION LENGTH**
Send to: NDSU EMG, Dept 7670, PO Box 6050, Fargo, ND 58108 OR shannon.ueker@ndsu.edu		TOTAL FOR THIS PAGE	