



# Continuing Education Course Approval Form

<b>KML Office Use</b>	<b>KML-2</b>
Date Received	_____
Received From	_____
Approved	YES NO

This form must be completed by the program providers to obtain approval and determine the number of CE credits that will be assigned for the program. This form must be submitted to the KML office at least 30 days prior the program date. For assistance please call 800-859-6006 or 859-257-6230

Kentucky Master Logger Office  
 U.K. Dept. of Forestry & Natural Resources  
 222 T. P. Cooper Bldg.  
 Lexington, KY. 40546-0073

Program Date(s): \_\_\_\_\_

### Location of Program

Facility Name (if applicable): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

### Individuals and/or organizations providing the program

Name of contact person: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Information:

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Program Fee \$ \_\_\_\_\_ per person

Instructors Name(s) and Affiliations: \_\_\_\_\_

### Proposed Program Outline

Please attach a sheet with a complete outline of the proposed program. Include times, topics and/or subject areas to be covered. Include break times and meal breaks. If available, a program brochure will suffice.

**Upon completion and submittal of this form and program outline to the KML office, the program provider will be notified as to the approval or disapproval of the topics and number of CE credits assigned to the program. Send this form and program outline to the KML office. For questions please call 800-859-6006 or 859-257-6230.**