



Continuing Education Course Approval Form

KML Office Use	KML-2
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 to the program date. For assistance please call 800-859-6006 or 859-257-6230

Kentucky Master Logger Office
U.K. Dept. of Forestry
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.