



Continuing Education Credit Application Form

KML Office Use	KML-1
Date Received	_____
Received From	_____
Approved	YES NO

Submit this form to request CE credits for programs attended but not pre-approved by the Kentucky Master Logger office. Submit to the KML office at the following address:
 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

Personal Information

Name: _____ KML Designation #: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Program Information

A program brochure will suffice if all the information below is clearly stated in the brochure. Attach additional pages if necessary.

Program Date: _____ Program Location: _____

Program Subject: Include topic titles and/or brief description of topics.

Program Time: Start and end times for each session of the program.

Program Provider: Name and contact information of individual and/or organization providing the program.

Instructor Name(s) and Affiliation:
