

Instructor(s)

Method of Presentation: Lecture

Subject Approved

Instructor Approved

Other(explain)_____

Submitted by

Georgia Department of Agriculture Certified Animal Feeding Operator/Planner Request for Pre-Approval of Continuing Education Record

_____Agency, Company, etc_____

Method Approved

#CE Hours Approved _____

Date

On-Farm Activities

Name					
Γitle and Organization					
Mailing Address					
City	County		State	Zip	_
Thereby submit the following for a Certification:	approval as C	Continuing Education cred	lit for Animal Fe	eeding Operator/Planner	
Subject (Title)					
Гуре Animals: Swine	airy	Commercial Layer	Poultry	y (dry litter)	
Description (brief)					

Video L

Length (in hours) _____ Event and Location _____

Georgia Department of Agriculture Use Only

Mail this completed form to: Georgia Department of Agriculture 19 Martin Luther King Jr Drive SW Room 108 – CAFO Atlanta, Georgia 30334 (404) 656 – 3665

Approved by : _____ Date : _____