

**The American Society for Horticultural Science
Certified Professional Horticulturist**

Continuing Education Units Reporting Form

Directions: Please PRINT and use a black or blue pen to complete this form. ASHS recommends using the CEU Instruction Form in conjunction with this form.

First Name _____ Middle Initial _____ Last Name _____
Certification Number _____

Professional Meeting:

Title _____

No Acronym's please

Instructor Last Name/Session _____

Date ____/____/____ Location (City&State)_____ CEUs _____

Self-Directed Study

Title and Publication _____

No Acronym's please

Author Last Name _____

Date ____/____/____ CEUs _____

Community Service

Board Name _____

No Acronym's please

Date ____/____/____ CEUs _____

Author/Educational Materials

Title and Publication _____

No Acronym's please

Date ____/____/____ CEUs _____

I hereby certify that all information submitted on this form is correct and true to the best of my knowledge. I recognize an ethics violation may revoke my certification status.

Signature _____ Date ____/____/____

This form may be mailed or faxed to the ASHS Office. The mailing address is ASHS CEU, 1018 Duke Street, Alexandria, VA 22314-2851. The FAX number is (703) 836-2024.