

CERTIFIED TEXAS NUTRIENT MANAGEMENT SPECIALIST
----- **2022 CEU REPORTING FORM** -----
SOIL AND CROP SCIENCES | TEXAS A&M UNIVERSITY
AGRILIFE EXTENSION SERVICE

Last Name: _____
First Name / MI: _____
Physical Address _____
(to mail renewals) _____
E-mail: _____
Texas Certification #: _____

Categories may include, but are not limited to: "Courses/Professional Meetings", "Self-directed study", "Community Service", "Authorship of Educational Materials"

Category 1: _____

Title: _____

Instructor Name / Providing Organization: _____

Number of CEUs: _____

Date(s) of Course / Meeting: _____

Category 2: _____

Publication: _____

Title: _____

Author Name: _____

Number CEUs: _____

Date of Completion: _____

Category 3: _____

Organization Name: _____

Number CEUs: _____

Date of Completion: _____

Category 4: _____

Title / Publication: _____

Number of CEUs: _____

Date of Completion: _____

