NDSU Extension Master Gardener Continuing Education Form*

*Only Certified MG's are required to complete this form

Name _____ Home County _____ Hours for (choose one): _____

Please note any change in phone, email, or mailing address: _____

☐ Check here if you prefer to NOT receive a recertification form via USPS mail.

Report hours through October 31 . Send in by November 15 of each year to remain in active status with Master Gardener Program.

Date	Location	Instructor	Course Title/Description	Total Hours

By submitting this document I verify that I participated in the continuing education opportunities listed above.

- Scan and email to: Shannon.Ueker@ndsu.edu
- Fax to: ATTN: Shannon Ueker, 701.231.8474

OR

- USPS mail to: NDSU Extension Master Gardener
  Dept 7670, PO Box 6050
  Fargo, ND 58108