

CLE Credit Application

Mississippi Professional Logging Manager Program (PLM)

In order for you to receive credit towards continuing education you must complete two copies of this form. Keep one copy for your records, and fax to 662-325-0027 or mail one copy to:

**PLM Program
Box 9681
Mississippi State, MS 39762-9681
Attention: Karen Russell**

Please print clearly:

Logger ID# _____

First Name _____ MI _____ Last Name _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Company/Organization: _____

Name of Continuing Education Program or Activity _____

Date: _____ Location: _____

Brief Description of Program or Activity : _____^{*}

Organizer: _____

Meeting hours: _____

Credit Hrs: Category I (Formal Meeting or class) _____

Category II (Other, i.e. Field day, etc.) _____

Signed: _____ (meeting coordinator or instructor)

Contact Name: _____ (Please Print) Contact Phone: _____

* A program outline, course syllabus, certificate of participation or other form of documentation may be attached to this form.