



**VOLUSIA COUNTY HEALTH DEPARTMENT
IRRIGATION CONTRACTOR CEU COURSE APPROVAL**

Please complete and return to:

Tracy Mortberg
Volusia County Health Department
121 W. Rich Ave.
Deland, FL 32720
Phone: (386) 736-5579
Fax: (386) 736-5433
Email: Tracy_Mortberg@doh.state.fl.us

Please note: This form must be submitted to VCHD Engineering Division no less than 60 days prior to the date of the course, must be completed in its entirety for continuing education approval. If you have any questions, please contact Tracy Mortberg at the number above.

Presentation Date: _____ **Presentation Location:** _____

Presentation Title: _____ **Presentation Length:** _____

Speaker Information: *(if panel presentation, complete for each speaker)*

Speaker #1

Name: _____ Degree: _____
Title: _____
Agency/Institution: _____
Mailing address: _____
City/State/Zip _____
Phone: _____ Fax: _____ Email: _____
Education Credentials: **Attach a current curriculum vita (CV)**

Speaker #2

Name: _____ Degree: _____
Title: _____
Agency/Institution: _____
Mailing address: _____
City/State/Zip _____
Phone: _____ Fax: _____ Email: _____
Education Credentials: **Attach a current curriculum vita (CV)**

Presentation Information

- Brief presentation description: (Abstract)

- Teaching methods and learning activities:

- Learner Objectives: (At the conclusion of this presentation, participants will be able to ...)
Please provide at least three.
 - 1.
 - 2.
 - 3.

- Evaluation Mechanism - (i.e. written test? oral discussion?)

- Content Outline – Please provide a **thorough outline** of your presentation

Time	Subject Area

- List of References materials to be used for above outlined course:

Primary presenter's signature

Date