Kentucky State Board of Examiners & Registration of Landscape Architects
163 West Short Street, Suite 351, Lexington, KY 40507 (859) 246-2753 FAX (859) 246-2754

Continuing Education Pre-Approval Request & Affidavit – 5/02
(Form #CE-2)

Date _____

Name _____ Registration # _____

Address _____

THIS REQUEST IS FOR: _____ Pre-Approval of Conference _____ Approval of Previously Attended Conference

Pre-printed Conference Descriptions and/or Outlines Must Be Submitted With This Form

NAME, DATE(S), LOCATION & SPONSOR OF CONFERENCE:

(Use separate sheet for each conference. Individual sessions of this conference to be listed below)

_____

This Column To Be Completed by Applicant	Credit Hours	Board Use Only	
Conference Sessions Requested for Approval	Attended	Approved	Disapproved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	Reviewed by:	_____
Use Additional Form for Additional Sessions		Approved by:	_____

_____ _____ _____
Printed or Typed Name Signature Date

This form must be legibly printed or typed and signed for Board review.
This form will be returned with a response. To receive credit, must be added to year-end CE-1.