

Advanced Training for Environmental Education in Georgia Specialization Workshops

PROFESSIONAL DEVELOPMENT COURSE FORM

Due to Program Administrator 30 days after workshop completion

Name : _____

Organization: _____

Organization Address: _____

City: _____ State _____ Zip Code _____

Preferred Phone: _____

Email: _____ Fax: _____

Course Title: _____

Date: _____ Instructor: _____

Location: _____ Contact Hours: _____

Please answer the following question.

How did this course improve your ability to be an effective environmental educator?

Be sure to enclose a copy of the professional development course certificate you received.

Instructor Signature _____ Date _____

Participant Signature _____ Date _____