



Gary Black, Commissioner

Georgia Department of Agriculture Certified Animal Feeding Operator/Planner Request for Pre-Approval of Continuing Education Record

Name _____

Title and Organization _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

I hereby submit the following for approval as Continuing Education credit for Animal Feeding Operator/Planner Certification:

Subject (Title) _____

Type Animals: Swine Dairy Commercial Layer Poultry (dry litter)

Description (brief) _____

Instructor(s) _____ Agency, Company, etc _____

Method of Presentation: Lecture Video On-Farm Activities
 Other(explain) _____

Length (in hours) _____ Event and Location _____

Submitted by

Date

Georgia Department of Agriculture Use Only

Subject Approved Yes No

Method Approved Yes No

Instructor Approved Yes No

#CE Hours Approved _____

Approved by : _____ Title : _____ Date : _____

Mail this completed form to:
Georgia Department of Agriculture
19 Martin Luther King Jr Drive SW
Room 108 – CAFO
Atlanta, Georgia 30334
(404) 656 – 3665