

## INSTRUCTIONS-CEC SUBMISSION FORM

Please print legible or type information. If your information is illegible or incorrect you will not receive Continuing Education Credits (CECs). Complete all information fields.

**Name:** Your name as it appears on your Landscape Irrigation Contractors License.

**License Number:** Your complete license number as it appears on your Landscape Irrigation Contractors License. If 0's appear before your number, be sure to include the 0's. For example: If your license number appears as:

License No. 0012345

You must include the two 00's. Do not submit your license number as 12345. You **will not** get your CECs if any numbers are missing.

**License Expiration Date:** Your expiration date can be found in the lower left corner of your Landscape Irrigation Contractors license.

**Submission Date:** The date that you are submitting the form to the Board for review.

**Telephone Number:** The telephone number that you want to be contacted on should there be any questions about your submissions.

**Email Address:** The email address you want to be contacted on should there be any questions about your submissions.

**Mailing Address, City, State, and Postal Zip Code:** Your complete mailing address.

**Company/affiliation:** The company where you are currently employed.

**Company Mailing Address, City, State, and Postal Zip Code:** The complete mailing address of the company where you are currently employed. If this is the same as your previously entered mailing address write "SAME"

**Date of Activity:** The month, day and year of the course or training activity. For Example: If the course or training activity was on the 15<sup>th</sup> of July 2015, you should write 7/15/15

**Sponsoring Organization:** The name of association, university, school, company, or other entity that sponsored or taught the course or training activity.

**Title/Description/Course Instructor:** The title of the course or training activity, a brief description and the name(s) of the course or training activity instructor(s).

**Instruction Hours:** The number of actual class or training hours. For example: If a class was conducted from 8:30 AM to 4:30 PM with a one hour lunch break, you will write 7 hours (8 hours total minus 1 hour lunch = 7 hours of instruction).

**Number of CECs:** The requested number of CECs for the course or training activity . (CECs: as published in the appendix of N.J.A.C. 7:62, the rules of the Landscape Irrigation Contractors Examining Board, the number of CECs often appear on the attendance certificates issued by the sponsoring organization.) **Note: the actual number of CECs awarded may differ from what appears on the attendance certificate or what appears on your submission form. The Board will determine which of the submitted CECs qualify as Water Conservation CECs.**

**Total:** Enter the total number of CECs you are submitting. **The actual number of CECs awarded by the Board may differ from your total.**

**Signature:** Sign the form attesting to the accuracy of your submission. **Unsigned forms will not be processed.**

**You must include copies of all course completion certificates and documentation of attendance at tradeshow and meetings.** If no attendance certificate or documentation for a course or training event is provided, no CECs will be awarded for that course or training event.

**Completed CEC submission form(s) and supporting documentation can be submitted to [LICEB@DEP.NJ.GOV](mailto:LICEB@DEP.NJ.GOV) or**

**Landscape Irrigation Contractors Examining Board**

**C/O Department of Environmental Protection Licensing and Pesticide Operations**

**P.O. Box 420, Trenton, New Jersey 08625**