CEU Tracking Number: _____
Meeting Title:_____
Location:_____
Meeting Date:_____

	NM	SWM	PM	CM	PD
Approved CEU's	____	____	____	____	____

SIGN IN SHEET FOR CERTIFIED CROP ADVISORS ONLY!!!

Please print and sign your name and provide your CCA Certification Number and State of Certification if other than Nebraska. Thank you!

PRINT NAME	CCA NUMBER	SIGNATURE	CERT STATE	TIME IN	TIME OUT

Please mail to: CCA Program, Attn: Dana Adamy, 1335 H Street, Suite 100, Lincoln, NE 68508