Professional Environmental Educator Certification Application

Please type.

Name _____

Permanent Mailing Address

_____

City, State, Zip _____

Home Phone _____ Work Phone _____

Email _____ Fax _____

Current Position/Title _____

Organization _____

Office Use Only You will be assigned an id# for records _____

Method of Payment: ☐ $150 Check ☐ $150 Money Order

Statement of Honesty

I, _____, certify that the information I have provided in this application packet is accurate.

_____ _____

Signature Date