



Certified Treecare
Safety Professional

CTSP CEU Manager Verification

Name of **CTSP** requesting CEUs: _____

Name of **Manager or Supervisor**: (please print) _____

Date of Event/Activity: _____

Role of the CTSP (choose one):

Trainer / Content Developer

Attendee

Time spent: (not including meals or breaks) _____

(For Trainers: include time spent preparing and creating training material.)

Description of Event / Activity:

*"I certify that the above information is an accurate record of the training / event
in which this CTSP participated."*

Manager signature: _____

Date: ____/____/____