

Irrigation Association IA Select Program Application

(page 1 of 2)



To be considered for IA Select course approval, your organization must complete this application form in its entirety. Incomplete applications will not be accepted and will be returned to the applicant. All applications are reviewed for accuracy and subject to IA acceptance. Results of submitted materials will be returned to the education provider within 90 days of the submission date. Review of submitted materials may be delayed during certain times of the year. Please submit one application per class. To receive bulk pricing you must submit all applications at the same time.

CONTACT INFORMATION

COMPANY NAME _____	
ADDRESS (NO PO BOXES) _____	
CITY _____	STATE/PROVINCE _____
POSTAL CODE _____	COUNTRY _____
PHONE _____	FAX _____
WEBSITE _____	EMAIL _____
MAIN CONTACT _____	TITLE _____
PHONE _____	FAX _____
ADMIN CONTACT _____	TITLE _____
PHONE _____	EMAIL _____

REQUIRED DOCUMENTS (for each course)

Materials may be submitted electronically in a PDF format or the organization may submit three hard copies for review.

- Detailed Course Outline
- Course Learning Objectives
- Course Description
- Prerequisite Statement
- Presentation (PPT, video, etc.)
- Student Manual
- Instructor Notes or Lesson Plans
- Examination (required for online training only)
- Certificate of Attendance or Completion
- Qualified Instructor Resume

CONTACT INFORMATION

Total # of classes _____
\$750 per class (for 1-3 classes)
\$600 per class (for 4 or more classes)
Total amount due in US \$ _____

CHARGE: VISA MasterCard American Express Discover

CARD NUMBER _____ EXPIRATION DATE (MONTH/YEAR) _____

NAME ON CARD _____

SIGNATURE _____ DATE _____

Amount Enclosed or Authorized in US \$ _____
(Payable to Irrigation Association in US\$ drawn on U.S. bank)

Fax or mail application to:
Irrigation Association
8280 Willow Oaks Corporate Drive
Suite 400
Fairfax, VA 22031
Tel: 703.536.7080 | Fax: 703.536.7019
education@irrigation.org | www.irrigation.org

Copyright Statement: I verify that I have permission to use all materials submitted with this application.

Signature: _____

Fees are nonrefundable and nontransferable. Approved education provider status will be valid for one year. Approved classes will be listed on the www.irrigation.org education website. The class schedule with location information must be submitted to the IA using the provided Microsoft Excel form.

Irrigation Association IA Select Program Application

(page 2 of 2)



Please fill out course information for each class submitted. Submit additional pages for more than three classes.

COURSE INFORMATION

COURSE NAME _____

INSTRUCTORS NAME(S) _____

PHONE _____ FAX _____

EMAIL _____

EDUCATION TYPE

- Live, instructor-led
- Online, instructor-led
- Online, no instructor

For Office Use Only:

CEUS _____ Select \$ _____ Approved _____ Declined _____ Date _____

COURSE INFORMATION

COURSE NAME _____

INSTRUCTORS NAME(S) _____

PHONE _____ FAX _____

EMAIL _____

EDUCATION TYPE

- Live, instructor-led
- Online, instructor-led
- Online, no instructor

For Office Use Only:

CEUS _____ Select \$ _____ Approved _____ Declined _____ Date _____

COURSE INFORMATION

COURSE NAME _____

INSTRUCTORS NAME(S) _____

PHONE _____ FAX _____

EMAIL _____

EDUCATION TYPE

- Live, instructor-led
- Online, instructor-led
- Online, no instructor

For Office Use Only:

CEUS _____ Select \$ _____ Approved _____ Declined _____ Date _____