

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: _____

Mailing Address: _____ City: _____

State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Web Site: _____ E-mail: _____

Main Contact: _____ Title: _____

Phone: _____ E-mail: _____

Admin Contact: _____ Title: _____

Phone: _____ E-mail: _____

PAYMENT INFORMATION:

Total # of classes _____

\$600 per class (for 1-3 classes)

\$500 per class (for 4 or more classes)

Total amount due in US \$ _____

Charge: Visa MasterCard American Express Discover

Card Number: _____

Expiration (month/year): _____

Name on Card: _____

Signature: _____

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 Resumé

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 two years. If the education provider wishes to have approved classes 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 Course Information (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: _____

Instructor Name(s): _____

Phone: _____

Fax: _____

Email: _____

EDUCATION TYPE:

___ Live, Instructor-led

___ Online, Instructor-led

___ Online, No instructor

For Office Use Only:

CEU\$ _____ Select \$ _____ Approved _____ Declined _____ Date _____

COURSE INFORMATION:

Course Name: _____

Instructor Name(s): _____

Phone: _____

Fax: _____

Email: _____

EDUCATION TYPE:

___ Live, Instructor-led

___ Online, Instructor-led

___ Online, No instructor

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