



# Idaho Master Naturalist

Approval for Advanced Training

\_\_\_\_\_  
Name

\_\_\_\_\_  
Submission date

**Training opportunity information:**

\_\_\_\_\_  
Training Title

\_\_\_\_\_  
Date of Training

\_\_\_\_\_  
Actual training time:   hrs   min

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Org/Agency

\_\_\_\_\_  
Training Location

**Training must be PRE-APPROVED by the chapter advisor or chapter president.**

Approval:

chapter advisor     chapter president

Type of training: (check all that apply)

Lecture     Presentation/Demonstration

Outdoor     Hands on     Other

Training Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Value of Training (to be filled out after training)**

Skills Learned	
Knowledge Gained	

**Student's Evaluation of Training (to be filled out after training)**

Strengths	
Recommended changes	

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Do not write below this line  
This section to be filled out by program administrators

Pre-Approved by		approval date
# hours recorded	recorded by	date recorded