



Alternate Workshop Credit Course Observation Verification Form

INSTRUCTOR INFORMATION:

Instructor Name: _____ ADDRESS: _____

Instructor Type: (HE) (BE) (TE) _____

E-Mail: _____

Telephone No. (daytime): _____

Teaching Team associated with what town?: _____

Chief Instructor for your Team?: _____

CLASS INFORMATION:

Class Type: (HE) (BE) (TE)

Class Date: _____ Class Time: _____

Class Location: _____

Chief Instructor: _____

Subjects Taught: _____

_____/_____/_____
Date Signed

SIGNATURES OF: _____

Volunteer Instructor

Chief Instructor

****PLEASE READ CAREFULLY:*** Each individual instructor must fill out and sign this form to receive workshop credit. Be sure this form is verified and signed by the Chief instructor whose class you observed.

Return to: NH Fish and Game Department
Hunter Education Program
11 Hazen Drive
Concord NH 03301