## ND Certified MG/Diagnostician Hours Completed

Master Gardeners, you may report both your diagnostician hours and your regular volunteer service hours on this form. Please use the Continuing Education Form to report those hours separately.

Name \_\_\_\_\_\_ Home County \_\_\_\_\_ Hours for (choose one):

Please note any change in phone, email, or mailing address: \_\_\_\_\_ Check here if you prefer to NOT receive MG recertification form via USPS mail.

Date	Location: must be ND	Service Category	Description of Problem and Resolution OR Description of Volunteer Work	Total Hours
	or border county in MN, SD, MT	(DIAG or VOL)	If needed, and to help us better nominate volunteers for awards, please attach additional items to explain your work.	

By submitting this document I verify that I completed the diagnostic and volunteer work listed above.

• Scan and email to: Shannon.Ueker@ndsu.edu

• USPS mail to: NDSU Extension Master Gardener