

**IDAHO PRO-LOGGER PROGRAM**  
**(REGISTRATION APPLICATION IS ATTACHED)**

To become accredited as an “Idaho Pro-Logger” the following three items must be completed and an application form must be submitted to the Associated Logging Contractors:

1. The owner/operator and key employees, as defined by the operator, will take three days of instruction in silviculture, forest ecology and water quality as offered in the current **LEAP** (24 credits) training sessions.
2. All employees of a firm, including the owner/contractor, will take **first aid** (8 credits) training sufficient to receive first aid certification as required by current OSHA regulations.
3. The owner/contractor and key employees will take a half-day course in **safety** and **BMP’s** (3 credits) at least every other year. New employees that were not with the firm at the time of training and who have not received the training with another firm, will need to take this course the first time it is provided in the area.

Upon completion of these three items you will have met the requirements to become accredited in the “Idaho Pro-Logger” program. You will need to submit your application to receive this accreditation.

To maintain your status as an “Idaho Pro-Logger” you must take 16 credits of continuing education programs each calendar year. These courses must come from an approved list of courses. Courses not on the list can be submitted to the statewide committee or its designated representative (which currently is the Associated Logging Contractors) for approval. A list of possible continuing education courses and credits are as follows:

<b>ALC Annual Conference</b>	<b>8</b>
<b>ALC Annual Conference Workshops</b>	<b>1</b>
<b>Washington Logging Safety Conference</b>	<b>8</b>
<b>Intermountain Forest Association Annual Meeting</b>	<b>8</b>
<b>Intermountain Logging Conference</b>	<b>8</b>
<b>Oregon Logging Conference</b>	<b>8 + credits</b>
<b>Idaho Forest Owners Association Conference</b>	<b>8</b>
<b>ALC First Aid Classes</b>	<b>8</b>
<b>Pro-Logger Classes</b>	<b>3</b>
<b>ALC Board Meetings</b>	<b>2</b>
<b>EMT Training</b>	<b>1 credit per class hour</b>
<b>IDL Training Seminars</b>	<b>4/half day</b>
<b>Mill/Contractors Meeting</b>	<b>4/half day</b>
<b>SAF Chapter Safety</b>	<b>1</b>
<b>U of I Forest Engineering Conference</b>	<b>16 (8 per day)</b>
<b>EWU/OSHA Meetings</b>	<b>1 credit/hour</b>
<b>SFI-SIC Meetings</b>	<b>2</b>
<b>College Courses</b>	<b>8 credits per semester</b>

Please contact us if there are any classes that you have attended and are not on this list that you feel would apply to the Idaho Pro-Logger Program.

1/2004

**IDAHO PRO-LOGGER REGISTRATION APPLICATION**

For Initial Accreditation

Date of Application \_\_\_\_\_

**(PLEASE PRINT)**

Company Name & Address: \_\_\_\_\_

Phone: # \_\_\_\_\_

Please have each individual record the **date, year and classes** attended to apply towards the Idaho Pro-Logger Program. Owner/Operator and employees to registered with this company are as follows:

**OWNER/OPERATOR:**

<b>Name:</b> _____ <b>Address:</b> _____
<b>Phone:</b> _____
<b>Classes attended &amp; Date/Year:</b>
1. _____
2. _____
3. _____
4. _____
<b>LEAP Program/Date &amp; Year</b> _____

**EMPLOYEES:**

<b>Name:</b> _____ <b>Address:</b> _____
<b>Phone:</b> _____
<b>Classes attended &amp; Date/Year:</b>
1. _____
2. _____
3. _____
4. _____
<b>LEAP Program/Date &amp; Year</b> _____

<b>Name:</b> _____ <b>Address:</b> _____
<b>Phone:</b> _____
<b>Classes attended &amp; Date/Year:</b>
1. _____
2. _____
3. _____
4. _____
<b>LEAP Program/Date &amp; Year</b> _____

PLEASE RETURN THIS FORM TO: ASSOCIATED LOGGING CONTRACTORS, INC.  
P.O. BOX 671  
COEUR D'ALENE, ID 83816-0671  
FAX: (208) 667-2144  
TELEPHONE: (208) 667-6473 OR 1-800-632-8743

**IDAHO PRO-LOGGER**  
**CONTINUING EDUCATION CREDITS APPLICATION**

For Continuing Education Credits To Keep Accreditation Current

Date of Application \_\_\_\_\_

**(PLEASE PRINT)**

Company Name & Address: \_\_\_\_\_

Phone: # \_\_\_\_\_

To maintain your status as an Idaho Pro-Logger you must take 16 credits of continuing education programs each calendar year. Please have each individual record the **date, of classes** attended to apply towards the Continuing Education Requirement for the Idaho Pro-Logger Program. Owner/Operator and employees to apply continuing education credits to are as follows:

**OWNER/OPERATOR:**

Name: _____		Address: _____	
Phone: _____			
<b>Classes attended:</b>	<b>Date of Class:</b>	<b>Number of credits:</b>	
1. _____	_____		
2. _____	_____		
3. _____	_____		
4. _____	_____		

**EMPLOYEES:**

Name: _____		Address: _____	
Phone: _____			
<b>Classes attended:</b>	<b>Date of Class:</b>	<b>Number of credits:</b>	
1. _____	_____		
2. _____	_____		
3. _____	_____		
4. _____	_____		

Name: _____		Address: _____	
Phone: _____			
<b>Classes attended:</b>	<b>Date of Class:</b>	<b>Number of credits:</b>	
1. _____	_____		
2. _____	_____		
3. _____	_____		
4. _____	_____		

**Continue on the back if needed.**

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