



Wildlife Rehabilitation



Wildlife Rehabilitation Training Proposal

Name of Organization: _____

Training Subject: _____

Instructor Name _____

Phone Number _____

Credentials: _____

Training Date and Location: _____

Training Outline

Training Proposal Submitted by: _____

Fax Number _____

Date Submitted: _____ (all training proposals to be submitted 60 days before training)

DFG Personnel Approving Training: _____ Date: _____