

**Informal Science Institution
Application for Certification**

1. Institution Name:
2. Contact Name:
3. Mailing Address: Street number: City: Zip Code:
4. Phone Number:
5. Email Address:
6. Contact Hours: <input type="checkbox"/> 2 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> 4 hours
7. Contact Signature:
8. Date:

Please attach certification form with lesson plan form
Mail to NEORS, Watershed Programs Department, 3900 Euclid Ave., Cleveland OH 44115

**Informal Science Institution
Application for Certification
Curriculum
Daily Lesson Plan**

Institution Name: _____

Contact Name: _____

Grade Level: _____

School Year: _____

Title of Lesson:
Duration:
Learning Objectives:
Standards Used:
Activity (if applicable):
Materials/Resources (if applicable):

Complete one plan for each lesson. Please use additional pages to provide complete lesson plans

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