CEU Roster Submittal Instructions

Top section: 1-6 to be filled out / typed by the sponsor / trainer before the class

| 1 | OESAC Course No: | Complete the OESAC identification course number |
|---|------------------|--|
| 2 | CEU's Approved: | Complete the number of CEU's approved by the OESAC for water, wastewater and/or onsite |
| 3 | Course Title: | Complete the course title <u>as submitted</u> and approved by the OESAC |
| 4 | Course Date: | Complete the date of the course |
| 5 | Sponsor: | Complete the name of the sponsor and/or trainer of the course |
| 6 | City/State: | Complete the name of the City and State of the training |

Lower section: 7, 8, & 13 to be filled out by the sponsor / trainer; 9-12 to be filled out by the course attendee

| 7 | Name of organization or employer: | Complete the name of the attendee's employer (Public Water System ID#) or organization |
|----|-------------------------------------|---|
| 8 | Attendee full name: | Complete the name of the attendee's employer or organization |
| 9 | Signature: | Attendee signature (if available) showing they took the class |
| 10 | Oregon Certification No: | Write your certification number on the program(s) you wish to claim for CEU's. The Oregon Drinking Water certification no. is required. Oregon DWP does not require the SSN for training purposes, but does require the certification #. (Ex. D-1234 or T-1234). (if attendee holds two certs, one cert # is ok) |
| 11 | Not Yet Certified: | Mark an X or ✓ if you are not Oregon certified |
| 12 | Total CEUs Earned: | Complete the total number of CEUs earned (WW, DW, etc.) under Total CEU's Earned * |
| 13 | Sponsor/Proctor Signature | The sponsor or the proctor of the class/training must sign and date the roster affirming the person(s) on this sheet attended this training. |
| 14 | Fax, mail, or email roster form to: | Drinking Water Operator Certification Program, Oregon Health Authority, PO Box 14450, Portland, OR 97293; email: Dws.opcert@odhsoha.oregon.gov fax: 971-673-0694. Wastewater Operator Certification Program, Oregon DEQ, 700 NE Multnomah St, Ste #600, Portland, OR 97232-4100; email: OPCERT@deq.state.or.us ; fax: 503-229-6957. For On-Site course roster, maintain the roster with your course records. |

^{*}The number of hours must be in whole hours, not less than whole hours