

## 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 <u>required</u> . 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: <a href="mailto:dottie.e.reynolds@state.or.us">dottie.e.reynolds@state.or.us</a> fax: 971-673-0694. Wastewater Operator Certification Program, Oregon DEQ, 700 NE Multnomah St, Ste #600, Portland, OR 97232-4100; email: <a href="mailto:OPCERT@deq.state.or.us">OPCERT@deq.state.or.us</a> ; 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