



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: _____

Presenter: _____ Title: _____

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Summary of Lesson content: _____

Professional Background: (Note a brief - 2 page maximum - resume may be submitted in lieu of the following data. Please be sure the resume includes all requested information. Qualifications should be related to your presentation.) Use the reverse side of this form if more room is needed to fully answer the following questions.

Primary Knowledge/Skills/Abilities related to presentation: _____

Education (High School, Upgrades, Colleges and Degrees): _____

Professional Registration/Certification: _____

Related papers/instruction you have presented:

Title: _____ Date: _____ Event: _____

Title _____ Date: _____ Event: _____

Professional Organizations/Activities: _____ Date: _____

_____ Date: _____

Course sponsor: _____

Signature of Instructor: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Date Evaluated: _____ By: _____ Approved: Yes _____ No _____

Return Completed Form To: OESAC CEU COMMITTEE
P.O. Box 1704
Clackamas, OR 97015-1704

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Phone/Fax: 503-698-8494