

**Oregon Environmental Services advisory Council (OESAC)
CEU ROSTER SUBMITTAL**

OESAC Course No: _____

CEUs Approved: DW _____ WW _____ O2-I _____ O2-SP _____

Course Title*: _____

* Must be exactly the same as submitted to OESAC and on the Certificate.

Course Date: _____

Sponsor: _____ **City/State:** _____

	Name of Organization or Employer	Attendee Full Name (Print or Type)	Signature	<u>Oregon Cert. No. (required)</u>				Not Yet Certified	Total CEUs Earned			
				DW	WW	O2-I	O2-SP		DW	WW	O2-I	O2-SP
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2												
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Sponsor/Proctor Name (print): _____ **Signature:** _____ **Date:** _____

Proctor Tel. No: _____ **Page** _____ **of** _____