

# OESAC Course Application Form

OESAC CEU Committee • P. O. Box 577 • Canby, OR 97013-0577

Phone: (503)698-6486

Email: info@oesac.org • Web: http://www.oesac.org

Course title: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Requested CEUs (1 hour class time = .1 CEU; do not include time for breaks, lunch): \_\_\_\_\_

Does this course promote a product or apparatus or offer such to those attending? Yes  No

*If YES, this must be explained on a separate attachment to this application and disclosed*

Has this course been through OESAC review before? Yes  No

If Yes, CEUs approved: DW: \_\_\_\_\_ WW: \_\_\_\_\_ O2-I: \_\_\_\_\_ O2-SP: \_\_\_\_\_

Course Format: Lecture  Home Study  Computer  One Time Class  Recurring

Recurring Dates: \_\_\_\_\_

Training Objective: \_\_\_\_\_

\_\_\_\_\_

Target Audience: \_\_\_\_\_

Method of Tracking Attendance: \_\_\_\_\_

\_\_\_\_\_

Course contact name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Course contact phone: \_\_\_\_\_

Course contact fax: \_\_\_\_\_

Course contact email: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Sponsor phone: \_\_\_\_\_

Sponsor fax: \_\_\_\_\_

Sponsor email: \_\_\_\_\_

Enclosed: Instructor Biography  Course Brochure   
(check as appropriate) Course Agenda  Amount enclosed: \_\_\_\_\_  
Course Timeline  Check #: \_\_\_\_\_

Do you want the course to be listed on the OESAC website as "closed to registration"? Yes  No

If you want to list newly scheduled classes from an already approved course, you must send the new schedule to OESAC.