



American Water Works Association
Pacific Northwest Section
Southern Oregon Subsection

August 4, 2022

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

Enclosed is the complete application packet for a course entitled "Asset Management and Condition Assessment for Water Utilities" for review and approval. The class is for one hour and will be presented by David Spencer, Grant Miller-Francisco, and Peter Hille from HDR. Date of course is September 1, 2022 in Klamath Falls, Oregon. Course is sponsored by the AWWA Southern Oregon Subsection.

Attendance will be tracked by OESAC sign-in sheet. Course breakdown is as follows:

- 00: Introductions/ Presentation Overview
- 05: Understanding Objectives and Challenges
- 15: Case Studies and Lessons Learned
- 25: Implementations
- 35: Technology Demonstrations
- 45-60: Q&A/Discussion

Sincerely,

Cyndi Weeks

Cyndi Weeks
Secretary
SOS Subsection

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.



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: David Spence _____ Date: _____

DO NOT WRITE BELOW THIS LINE

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

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