

## OESAC Course Application Form

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

Phone: (503)698-6486

Email: [info@oesac.org](mailto: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 <input type="checkbox"/>	Course Brochure <input type="checkbox"/>
(check as appropriate)	Course Agenda <input type="checkbox"/>	Amount enclosed: _____
	Course Timeline <input type="checkbox"/>	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: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date Evaluated: \_\_\_\_\_ By: \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Return Completed Form To: OESAC CEU COMMITTEE  
P.O. Box 577  
Canby, OR 97013-0577

Email: [info@oesac.org](mailto:info@oesac.org)  
Phone: 503-698-6486

## **Operation of EWEB's OEM Treatment Trailer**

Introduction: 5 minutes

Background: 10 minutes

Operational indicators: 15 minutes

Lessons learned: 15 minutes

Future goals: 10 minutes

Questions: 5 minutes