



# Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: WCOS Lab Training

Presenter: APRIL STRATTON Title: LAB TECHNICIAN

Employer: WATERLAB CORPORATION Address: 2603 12th St SE

City: SALEM State: OR Zip: 97302 Phone: 503-363-0473

Summary of Lesson content: LAB PROCEDURES -> BOD + TSS + trouble shooting

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: I've been employed by waterlab for ~9 1/2 YR and have seen a variety of samples + situations w/ regards to BOD/TSS.

Education (High School, Upgrades, Colleges and Degrees): Central Carolina Comm. College '96 AAS  
Western Oregon Univ. 2013 Bachelor Degree Chemistry, Minor Forensic Science

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: April Stratton Date: 3/29/23

**DO NOT WRITE BELOW THIS LINE**  
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Date Evaluated: \_\_\_\_\_ By: \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Return Completed Form To: OESAC CEU COMMITTEE  
P.O. Box 577  
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Email: [info@oesac.org](mailto:info@oesac.org)  
Phone: 503-698-6486