

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 to be listed on the website as an available course ("Contact Sponsor")?: Yes No

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