



## 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  
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Phone: 503-698-6486