

Oregon Environmental Services Advisory Committee
Application for Sponsor Distance Education
OESAC CEU Committee

P. O. Box 577 • Canby, OR 97013-0577

Phone: (503)698-6486

Email: info@oesac.org • Web: <http://www.oesac.org>

See Distance Education Instructions before completing this application.

Course title: Pacific Northwest Pretreatment Workshop

Instructor(s): Please see application

Location(s): Vancouver, WA

Date(s): October 21, 22, 23, 2024

Requested CEUs (1 hour class time = .1 CEU; do not include time for breaks, lunch)

DW: _____ WW: 1.45 O2-I: _____ O2-SP: _____

Has this course been through OESAC review before? ☐ No ☒ Yes If yes, what was the previous OESAC number 4715

Course Format: Online/Internet ☐ Webinar CD Rom ☐ Correspondence Course ☐ Video ☒ One time class Recurring Recurring Dates: ___ On-going ☐

Was the content of this course designed by qualified subject matter experts? Yes ☒ No ☐

Is CEU awarded based on beta-testing results? Yes _____ No ☒ If no, supply accrediting formula and _____

Is the requested course being bundled with like courses? Name each individual course on a separate paper. (See instructions)

Training Objective: Industry updates and treatment innovations, case studies for pretreatment professional, municipalities & staff, and consultants.

Target Audience: Municipal staff, engineers and manager involved in wastewater management Consultants

Method of Tracking Attendance: Daily sign in sheets AM & PM

Are quizzes or other forms of review and feedback included in this course?
Yes ☒ No ☐

If yes, what is the minimum passing score for successful completion of this course? Attendees are required to sign in daily-AM & PM to verify their attendance. Attendees are requested to complete a conference evaluation form at the end of the event.

Does this course promote a product or apparatus or offer such to those attending? Yes ☐ No X

If YES, this must be explained on a separate attachment to this application and disclosed

Course contact name: Patrick Bryan

Address: 8620 Holly Drive, Suite 250

City, State, Zip: Everett WA, 98208

Phone: (559) 940-5270 Fax: _____

Email: pbryan@pprc.org

Sponsor: Western States Alliance

Address: 8620 Holly Drive, Suite 250

City, State, Zip: Everett WA, 98208

Contact: Ed Gonzalez

Phone: (206) 352-2052 Fax: _____

Email: EGonzalez@PPRC.org

Enclosed:

Instructor Biography ☐

Course Agenda X

Course Timeline ☒

Course Brochure ☐

Check #: _____

Amount enclosed: \$ _____

Do you want the course to be listed on the OESAC website as “closed to registration”?

Yes ☐ No X

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