

Instructor Background And Information Form

Thank you for filling out this form.

Presentation	on Title: OHA Regulatory Upo	late		
Employer:	r: Nicholas Alviani Title: Natural Resource Specialist Oregon Health Authority Tingfield State: OR Zip: 97477 Phone: 5415106836			
City: Sprin	gfield	State: ORZ	p:	Phone:
Summary of	of Lesson content: The prese	ntation will give upda	ates on drinkin	ng water rules
	s and any changes in require			
Please be Use the rev Primary Kr	sure the resume includes all verse side of this form if more	requested informations requested informations requested to feed to presentation:	n. Qualification in Qua	be submitted in lieu of the following data. ons should be related to your presentation.) ne following questions. nical Services staff for Region 2 at OHA,
Education	(High School, Upgrades, Col	leges and Degrees):	Bernards Hig	
Profession	al Registration/Certification: _	Registered Environn	nental Health	Specialist in Oregon for
•	pers/instruction you have pre		Event:	Drinking Water Partners' Spring Training 2025
Title Prepa	aring for a Water System Sur	vey Date:	Event:	OAWU 2025 Fall Operator's Conference
	al Organizations/Activities:			Date:
				Date:
Course spo	onsor:			
Signature of	of Instructor: Nicholas	Alviani Digitally s	igned by Nicholas 5.09.29 14:27:01	Alviani 9/29/2025 Date:
DO NOT WI	RITE BELOW THIS LINE			
Date Evalua	ated:By:			Approved: Yes No
Return Com	unleted Form To: OFSAC CF	II COMMITTEE	Email: info@c	nesac org

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