

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: Automatic Control Valve Mobile Training Seminar

Instructor(s): _____

Location(s): Variable location

Date(s): _____

Requested CEUs (1 hour class time = .1 CEU; do not include time for breaks, lunch): 0.7

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 the course to be listed on the OESAC website as "closed to registration"? Yes No

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