Print Form

STATE LANDSCAPE CONTRACTORS BOARD
CONTINUED EDUCATION
COURSE APPROVAL FORM

(PRINT OR TYPE)

LCB
Office Use Only
Date Rec. Stamp

Applicant:_____
Licensee Name

Address: _____
Street/P.O. Box City State/Zip

Telephone: _____; Fax: _____ Date: _____

Email: _____

Presentation Title: _____ Date:_____
Program/presentation/class title Date(s) of Presentation

Topic(s) of Presentation: _____
(see attached OAR 808-040-0040 for list of topics)

Other Topic(s): _____
(if topic not included in OAR 808-040-0040, list here)

Subject Area: ☐ Business ☐ Technical ☐ Other

One Time Offering Only ☐ Multiple Offering ☐ If Multiple: _____x yr; ____x month; ____ongoing.

Presentation Length: _____Hours; Number of CEH requested _____CEH

Name of Instructor(s)/presenter(s): _____
(PRINT OR TYPE)

Contact Information for course provider:

Name: _____ Phone Number: _____

Address: _____
Street/P.O. Box City State/Zip

_____
Signature

STAMP

You must attach:

1. **Outline of presentation/class/program**
2. **Verification of Attendance (receipt/signature of provider, etc)**

Send by Mail, Fax or Email (w/ scanned attachments) to:

Landscape Contractors Board
2111 Front St. NE, Ste 2-101
Salem, OR 97301
Fax: (503) 378-5950; email: lcb.info@state.or.us

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☐ Outline received ☐ Completed Certificate

☐ Approved _____CEH Approved

☐ Not approved Reviewer: _____