

**STATE LANDSCAPE CONTRACTORS BOARD
CONTINUED EDUCATION
PROGRAM APPROVAL FORM**
(PRINT OR TYPE)

LCB
Office Use Only
Date Rec. Stamp

Applicant: _____
Sponsoring Institution/agency/organization/person

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

Telephone: _____ Fax: _____

Email: _____

Location of Course (City/State): _____ Presentation date(s): _____

Title of Course: _____

Subject Area: Business Technical Other

Presentation Length: _____ Hours; Number of CEH requested _____ CEH

One Time Offering

Ongoing (continuously offered-no changes)

Name of Instructor(s)/presenter(s): _____

Signature of Person Signing Certificate of Completion or Official stamp:
(If more than one signer, include all signatures)

Signature(s)

Provider
STAMP
(if applicable)

You must attach:

1. Outline of presentation/class/program
2. Copy of Certificate of Completion signed or stamped as above

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) 967-6298
email: lcbinfo@lcb.state.or.us**

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Outline received Completed Certificate

Approved _____ CEH Approved

Not approved Reviewer: _____