

**OREGON WELL CONSTRUCTOR CONTINUING EDUCATION COURSE
APPLICATION FORM**

Sponsor (Business) Information (please print clearly)

Name: _____

Address: _____

Contact Person: _____ Title: _____

Daytime Phone Number: _____ Fax Number: _____

Continuing Education Information

Course Title: _____

(As it will appear on advertisements, class materials and certificate of completion)

Provide a brief description of the course and how it pertains to the well construction industry. Attach a copy of the course curriculum showing the actual number of hours of training.

How will the course be advertised? _____

Anticipated starting date(s) and duration of course: _____

Does the attendee need to supply any equipment and/or supplies? Y N If yes, what? _____

Where will course be held? _____

What, if any, is the cost? _____ Are there space/size limitations? What? _____

What type of documentation of completion will be provided to the constructor? (Something must be provided)
(ie certificate of completion, diploma, transcript, etc)

Instructor Information

Instructor qualifications: List related education, professional licenses, certifications, professional trade experience, training, and/or experience that reflect the qualification(s) necessary to teach this course.

Instructor(s) Name: _____ Phone #(s): _____

Representative's Signature: _____ Date: _____

Please return completed form to: Oregon Water Resources Dept., Attn: Tracy Fox, 725 Summer Street NE, Suite "A", Salem, OR 97301-1266. Questions contact Tracy at 503.986.0856. Keep a copy of this application form for your records.