

**STATE LANDSCAPE CONTRACTORS BOARD
CONTINUED EDUCATION
COURSE APPROVAL & VERIFICATION FORM FOR INDIVIDUAL LICENSEE**
(PRINT OR TYPE)

LCB
Office Use Only
Date Rec. Stamp

Applicant: _____
Licensee Name

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

Telephone: _____ Fax: _____ Lic. No: _____
(5 Digits)

Email: _____

Location of Course (City/State): _____ Date: _____

Title of Course: _____

Subject Area: Business Technical Other

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

Email address

Date: _____

Signature of course provider or presenter

To aid in approval and verification, please attach:

1. Copies of material received at course showing the subject(s) and type(s) of education; if none provided attach a brief outline of subjects covered.
2. Verification of Attendance (Certificate, if issued; signature or stamp of sponsor, 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) 967-6298
email: lcbinfo@lcb.state.or.us**

LCB OFFICE USE ONLY	
<input type="checkbox"/> Outline received	<input type="checkbox"/> Completed Certificate
<input type="checkbox"/> Approved	_____ CEH Approved
<input type="checkbox"/> Not approved	Reviewer: _____