

CCB Continuing Education Audit Worksheet



This worksheet must be returned to the CCB by the date referenced in the letter. You may submit this form along with supporting documents via email to ccb audits@ccb.oregon.gov or mail to Education Audits, P.O. Box 14140, Salem, OR 97309-5052.

1 CONTACT INFORMATION

Business Name (as filed with CCB)	CCB Number
Contact Name	Phone Number
Email Address	# of key employees - list the least number of key employees your business had during the previous renewal period. <i>(level 1 contractors only)</i>

2 CONTINUING EDUCATION WORKSHEET

Please list your qualifying CE programs in chronological order and organize your supporting documentation in corresponding order. All of the fields are required for each activity listed. This information can be found on your certificate. Indicate all classes you intended to claim from your prior renewal. You may attach as many copies of this sheet as necessary.

Student Name (first and last) <i>Must be a Key Employee (corporate officer, manager, superintendent, foreperson, lead person, other management)</i>	Course Name / Title	Course Provider <i>(Who hosted the class?)</i>	Type of Class <i>(choose one or enter type)</i>	Date Completed <i>(Date of the class or a date range)</i>	Hours Earned

CCB # _____

Total hours: _____

3 SIGNATURE

I understand that my CE must comply with the requirements of Oregon Administrative Rule Chapter 812, Division 022. I certify, and affirm by my signature, that the information I have provided on this worksheet and my supporting documentation are true and accurate.

Signature

CCB Number

Printed Name

Date