

Part 3: Continuing Education Worksheet



Unless you are exempt from continuing education, please fill out the worksheet below to indicate which classes were taken, on what days, who took the class, etc. Indicate all classes you intend to claim from your previous renewal. Additional copies of this worksheet, if you need them, are available. Contact the CCB Education section at 503-934-2227.

Student Name (first and last) <small>Must be a key employee (corporate officer, manager, superintendent, foreperson, lead person, other management)</small>	Course Name	Course Provider	Type of Class <small>(in-house training, online training, conference, etc.)</small>	Class Dates <small>Date the class took place, or start and end date.</small>	Total # hours
Total hours:					

I certify that all of the information on this worksheet is true and accurate.

Signature: _____ CCB#: _____

Printed Name: _____ Date: _____