

CCB Continuing Education Audit Worksheet

This worksheet must be returned to the CCB by the date referenced in the letter. To return this form, scan and email documents to cbaudits@ccb.oregon.gov **OR** mail documents to Education Audits, PO Box 14140, Salem, OR 97309-5052.



Part 1: Contact Information

Company name registered with CCB:	
Contact name:	Phone #:
Email address:	CCB #:
List the number of key employees you had at your renewal two years ago (level 1 contractors only):	

Part 2: Exemption Declaration

Some contractors that do continuing education for other **Oregon** occupational licenses are exempt from CCB continuing education. Licensed landscape contractors, engineers, architects, plumbers, electricians, boiler contractors, elevator contractors, renewable energy contractors, pump installation contractors, limited sign contractors and developers **do NOT** have to do continuing education.

If you believe you are exempt from continuing education, please check the box next to your professional license type, then fill out the license number. If you are exempt, you do **not** need to fill out Part 3 of this form.

I am.... (check all boxes that apply)	Provide License Number
<input type="checkbox"/> A licensed landscape contractor	Oregon Landscape Contractors Board No. _____
<input type="checkbox"/> Owned by or have an officer or employee who is an engineer	Oregon State Board of Examiners for Engineering and Land Surveying No. _____
<input type="checkbox"/> Owned by or have an officer or employee who is an architect	Oregon Board of Architect Examiners No. _____
<input type="checkbox"/> A plumbing contractor or I am owned by or have an officer or employee who is a plumber	Oregon Building Codes Division No. _____
<input type="checkbox"/> An electrical contractor or I am owned by or have an officer or employee who is an electrician	Oregon Building Codes Division No. _____
<input type="checkbox"/> A boiler contractor	Oregon Building Codes Division No. _____
<input type="checkbox"/> An elevator contractor	Oregon Building Codes Division No. _____
<input type="checkbox"/> Renewable energy contractor	Oregon Building Codes Division No. _____
<input type="checkbox"/> Pump installation contractor	Oregon Building Codes Division No. _____
<input type="checkbox"/> A limited sign contractor	Oregon Building Codes Division No. _____
<input type="checkbox"/> A developer	(We'll check your Construction Contractor Board license.)

See next page for Part 3

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: _____