



# CONTINUING EDUCATION INDIVIDUAL POST APPROVAL REQUEST

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State/Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ License No.: \_\_\_\_\_

Location of Course (City/State): \_\_\_\_\_ Completion Date(s): \_\_\_\_\_

Title of Course: \_\_\_\_\_

Subject Area:  Business  Technical  Other

Presentation Length: \_\_\_\_\_ Hours; Number of hours requested: \_\_\_\_\_ CEH

Name of Instructor(s)/Presenter(s): \_\_\_\_\_

### **Contact Information for Course Provider:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State/Zip

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Course Provider or Presenter

### **You must 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:  
lcb.info@lcb.oregon.gov

### **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: _____