CONTINUING EDUCATION

VOLUNTEER/TEACHING OR PRESENTING APPROVAL REQUEST

Applicant: _____

Address: _____
Street/PO Box City State/Zip

Phone: _____ Fax: _____

Email: _____ License No.: _____

Organization Served: _____

Dates: _____

Brief explanation of work done or course title: _____

_____
(see OAR 808-040-0025(4) & (5) for allowable activities)

Subject Area: ☐ Business ☐ Technical ☐ Other

Teaching/Presentation Prep Time: _____Hours; Teaching/Presenting Time: _____

OR

Volunteer Hours Provided: _____ CEH Requested: _____
(LCB will allow 1 hour of CEH for every 3 hours of qualified volunteer service provided)

Name of Supervisor: _____

Agency Phone: _____ Email: _____

Agency Address: _____
Street/PO Box City State/Zip

_____
Supervisor's Signature Date Signed

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@oregon.gov

LCB OFFICE USE ONLY

☐ Outline Received ☐ Completed Certificate

☐ Approved _____CEH Approved

☐ Not Approved Reviewer: _____