

**OREGON LICENSED WELL CONSTRUCTOR CONTINUING EDUCATION
CREDIT SUMMARY FORM**

(Submit this form with your license renewal application)

Print Well Constructor Name & License #(s) _____ Signature _____

These credits are for the license cycle _____

This form is for tracking and summarizing your continuing education credits. Please fill out one row for each continuing education course completed. Send this form with your license renewal application. **Please write legibly. Please keep a copy of this form for further use.**

Course Name	Course Sponsor	Instructor Name	Date(s) of Course	Credits Assigned or Hours of Training