

# OESAC Course Application Form

OESAC CEU Committee • P. O. Box 1704 • Clackamas, OR 97015

Phone: (503)698-8494 • Fax: (503)698-8494 • Email: [info@oesac.org](mailto:info@oesac.org) • Web: <http://www.oesac.org>

Course title: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Requested CEUs (1 hour class time = .1 CEU-- *do not include time for breaks, lunch*):

\_\_\_\_\_

Do you want to be listed on the website as an available course (“Contact Sponsor)?:

Yes  No  *If you want to list newly scheduled classes from an already approved course, you must send the new schedule to OESAC.*

Course Format: Lecture  Home Study  Computer  One Time Class  Recurring

Recurring Dates \_\_\_\_\_

Training Objective: \_\_\_\_\_

\_\_\_\_\_

Target Audience: \_\_\_\_\_

Method of Tracking Attendance: \_\_\_\_\_

\_\_\_\_\_

Course contact name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Course contact phone: \_\_\_\_\_

Course contact fax: \_\_\_\_\_

Course contact email: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Sponsor phone: \_\_\_\_\_

Sponsor fax: \_\_\_\_\_

Sponsor email: \_\_\_\_\_

Enclosed: Instructor Biography  Check #: \_\_\_\_\_  
(check appropriate) Course Agenda  Amount enclosed: \_\_\_\_\_  
Course Timeline   
Course Brochure

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