OREGON WELL CONSTRUCTOR CONTINUING EDUCATION COURSE APPLICATION FORM

Sponsor (Business) Information

Name:

Address:

Contact Person: Title:

Daytime Phone Number: E-mail Address:

Continuing Education Information

Course Title:

(As it will appear on advertisements, class materials and certificate of completion)

Provide a brief description of the course and how it pertains to the well construction industry.
Attach additional information if necessary.

How will the course be advertised?

Anticipated starting date (s) and duration of course:

Does the attendee need to supply any equipment and or supplies: ☐ YES ☐ NO If yes, describe.

Course Location name:

Course Location Address:

Course fee:

Are there space/size limitations? ☐ YES ☐ NO If yes, indicate limitations:

What type of documentation of completion will be provided to the contractor: (Something must be provided—i.e. certificate of completion, diploma, transcript, etc..)

Instructor Information

Instructor qualifications: List related education, professional licenses, certifications, professional trade experience , training, and/or experience that reflect the qualification (s) necessary to teach the course.

Instructor (s) Name: Phone number: Email address:

Representative's Signature: Date:

Return completed form to: Oregon Water Resources Dept., Attn: Buffy Madrigal-Adams 725 Summer Street NE, Suite A, Salem, OR 97301
Contact Buffy at 971-287-8305 or Buffy.M.Madrigal-Adams@Oregon.gov for questions.