



# CONTINUING EDUCATION PROGRAM APPROVAL REQUEST

Applicant: \_\_\_\_\_  
Sponsoring Institution/Agency/Organization/Person

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

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

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

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

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

Subject Area:  Business  Technical  Other

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

One Time Offering

Ongoing (continuously offered-no changes)

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

Signature of Person Signing Certificate of Completion or Official Stamp:  
(If more than one signer, include all signatures)

\_\_\_\_\_  
Signature(s)

Provider  
STAMP  
(if applicable)

**You must attach:**

- 1. Outline of presentation/class/program**
- 2. Copy of Certificate of Completion signed or stamped as above**

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: _____