



# 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@lcb.oregon.gov

### LCB OFFICE USE ONLY

Outline Received  Completed Certificate  
 Approved \_\_\_\_\_ CEH Approved  
 Not Approved Reviewer: \_\_\_\_\_