

**STATE LANDSCAPE CONTRACTORS BOARD  
CONTINUED EDUCATION  
COURSE APPROVAL & VERIFICATION FORM FOR INDIVIDUAL LICENSEE**  
(PRINT OR TYPE)

LCB  
Office Use Only  
Date Rec. Stamp

Applicant: \_\_\_\_\_  
Licensee Name

Address: \_\_\_\_\_  
Street/P.O. Box                      City                      State/Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Lic. No: \_\_\_\_\_  
(5 Digits)

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

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

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

Subject Area:     Business                       Technical                       Other

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

Name of Instructor(s)/presenter(s): \_\_\_\_\_  
(PRINT OR TYPE)

**Contact Information for course provider:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box                      City                      State/Zip

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of course provider or presenter

**To aid in approval and verification, please attach:**

1. Copies of material received at course showing the subject(s) and type(s) of education; if none provided attach a brief outline of subjects covered.
2. Verification of Attendance (Certificate, if issued; signature or stamp of sponsor, etc)

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: lcbinfo@state.or.us**

<b>LCB OFFICE USE ONLY</b>	
<input type="checkbox"/> Outline received	<input type="checkbox"/> Completed Certificate
<input type="checkbox"/> Approved	_____ CEH Approved
<input type="checkbox"/> Not approved	Reviewer: _____