

**OFFICE ERGONOMICS ACCREDITATION PROGRAM
CONTINUING EDUCATION UNITS APPLICATION FORM**

Name: _____ Phone Number: _____

Type of Continuing Education: Seminar Training Conference Other _____

Type of Content: Ergonomics Analysis MSDs Office Product Demonstrations
 Ergonomics Programs Other _____

Education Provider's Name(s): _____

Title: _____ Number of Contact Hours: _____

Education Content Verification:

Indicate the type of documentation that is attached for content verification. Please attach a copy of the documentation.

- Agenda Course Outline Handouts
 Other: _____
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Attendance Verification:

Indicate the type of documentation that is attached for attendance verification. Please attach a copy of the documentation.

- Certificate of Attendance Receipt for payment
 Signature of Education Provider: _____ Date: _____
 Other: _____
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All required documentation must be received before the application will be reviewed.

I certify that the preceding information is true and accurate to the best of my knowledge. I understand that any falsification of this or the attached documents will result in the rejection of this application.

Signature

Date
