



Oregon Chapter
American Society of Landscape Architects
P.O. Box 40709
Portland, OR 97240-0709
Phone 503 227-6156

PDH Event Accreditation Request Form

In order for the PDH Committee to issue an accreditation for an event, it is necessary to obtain the following information to assist in our review. If you wish to submit additional information please attach to this form. Note that final authority for accreditation rests with OSLAB.

To facilitate the processing of your review, this document can be submitted electronically to: Brian Bainson at brian@quatrefoilinc.net

Name of the event: _____

Date(s) and Time the event will be held: _____

Location: _____

Presenter(s):

Please list all presenters and their contact information. Also attach a brief resume for each.

Sponsor(s):

Please list all sponsors and their contact information.

PDH Event Accreditation Request, continued:

Event Summary:

Provide a brief description of the event, including the following:

- the health, safety, and welfare issues related to the practice of Landscape Architecture
- the event objectives and format
- description of the event assessment component

Do you feel that this event will qualify for health, safety and welfare PDH's? Yes___No___

Guidelines on Landscape Architecture Continuing Education are available in the Oregon Administrative Rules, Chapter 804, Division 25: http://arcweb.sos.state.or.us/rules/OARS_800/OAR_804/804_tofc.html

Documentation Procedure:

Sponsors must provide one or both of the two documentation methods below:

Will you be taking attendance and maintaining an attendance list for your event?: Yes___No___
(List must be maintained for OSLAB review for 4 years.)

Will you be issuing certificates for completion/attendance at your event?. Yes___No___

Additional Event Information:

Is this event open to the public? Yes___No___

What is the maximum number of attendees?

Is there a fee for this event? Yes___No___

If yes, how much is it?



For PDH Committee Use:

Date Application Received: _____

Accreditation Approved: _____
(name and date)

Presenter Notified: _____