



Oregon Chapter  
American Society of Landscape Architects  
147 SE 102nd Avenue  
Portland, Oregon 97216  
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 Oregon State Landscape Architect Board (OSLAB).

To facilitate the processing of your review, this document can be submitted electronically to the Education Chair, Jean Senechal Biggs [education@aslaoregon.org](mailto:education@aslaoregon.org)

Name of the event:

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Date(s) the event will be held:

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Start Time of the event

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End Time of the event

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Does your event include **Q&A time**? For how long?

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Location:

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Presenter(s):

Please list all presenters. Also attach a brief bio or resume for each.

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Sponsor(s):

Please list all sponsors and their contact information.

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**PDH Event Accreditation Request, continued:**

**Event Summary:**

**Provide a brief description of the event, including the following:** *Attach additional pages if needed.*

- The event objective and format
- The health, safety, and welfare issues related to the practice of landscape architecture *(if any)*
- A description of the event's assessment component

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Do you feel that this event will qualify for health, safety and welfare PDH's?      Yes \_\_\_ No \_\_\_

See **CLARB's Task Analysis** for knowledge/skills required of landscape architects that affect the health, safety and welfare of the public. [http://www.asla.org/uploadedFiles/LACES/CLARB\\_Task\\_Analysis.pdf](http://www.asla.org/uploadedFiles/LACES/CLARB_Task_Analysis.pdf)

**Documentation Procedure:**

Sponsors **must complete the two documentation methods** below to receive accreditation:

Will you be taking attendance and maintaining an attendance list for your event? Yes \_\_\_ No \_\_\_  
(List must be maintained for 4 years for OSLAB review.)

Will you be issuing certificates for completion/attendance at your event?      Yes \_\_\_ No \_\_\_  
(Certificates may be issued at the event or after the event via email)

**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 Education Committee Use:**

Date Application Received: \_\_\_\_\_ Total PDH Approved: \_\_\_\_\_ Reg \_\_\_\_\_ HSW \_\_\_\_\_

Accreditation Approved: \_\_\_\_\_  
*(name and date)*

Presenter Notified: \_\_\_\_\_