|  |  |  |  |
| --- | --- | --- | --- |
| **icon logo** |  | **Continuing Education Unit Data Submission Form**  Email to: oscteducation@gmail.com | |
|  |  |  |  | |

|  |  |
| --- | --- |
| Where you a member of OSCT at the beginning of the Triennium? | Yes or No (Please circle) |
| **IF NO**, what year did you become a member? | Year \_\_\_\_\_\_\_\_ |

**Member Name:**

**OSCT Number:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date & Time** | **Section**  **(1a, b etc)** | **Category/Courses /Lecture Title** | **Duration** | **Name of Speaker** | **Authorized Signature** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Adm. Notes:** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Approved total of CEU’s:** | \_\_\_\_\_\_\_\_\_\_\_\_ |

**UPON COMPLETION OF FORM PLEASE SCAN FILES, CERTIFICATES, OR ANY PERTINENT DOCUMENTATION AND E-MAIL TO THE OSCT CEU DIRECTOR: OSCTEDUCATION@GMAIL.COM**