

Completed Contact Hour Course List

Name: _____ Home Phone: _____
 Certificate: _____ Office Phone: _____
 Employer: _____

Please review the contact information above and provide corrections if necessary.

Check Box if you hold more than 1 certificate

Contact Hours Required: ____* * 25% fewer contact hours needed if 2 or more certificates held

"OM" Hours **Note: At least 50% of your contact hours must be OM**

OEPA Course Approval #	Course Name	Training Provider	Date training completed	Contact Hours applied to this certificate

"X" Hours **OM Total**

OEPA Course Approval #	Course Name	Training Provider	Date training completed	Contact Hours applied to this certificate

X Total
Overall Total

(Please attach additional sheets if necessary. Additional sheets should be signed and dated.) Additional sheets can be obtained at www.epa.state.oh.us/ddagw/opcert.html.

I, the undersigned, do solemnly swear that the statements made and information contained in this renewal application are true and correct. I also understand that submission of fraudulent or falsified information shall subject me to disciplinary action in accordance with Ohio Administrative Code Rule 3745-7-12.

 Print Name Signature Date

FOR OFFICE USE ONLY:

Revenue ID: _____	Core Person ID: _____	Amount Due: _____
Due Date: _____	Check Number: _____	Check Date: _____
Date Received: _____	Check ID: _____	Total Fee Paid: _____