

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

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Type of Continuing Education:  Seminar  Training  Conference  Other \_\_\_\_

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

Demonstrations \_\_\_\_\_

Education Provider's Name(s): \_\_\_\_\_

Title: \_\_\_\_\_ Number of Contact Hours: \_\_\_\_\_

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**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

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**NC STATE UNIVERSITY**