County Clerk Request for Continuing Education Credit

This form was developed for your convenience in reporting CEUs for the County Clerk Certification Program at Oklahoma State University. Please type or print legibly and complete this form in its entirety. Be sure and keep a copy for your files.

Name		_	Phone	
Position		_	Count	l
Mailing Address		_	City/State/Zip	
Program Title:				
Program Date:		Number of Instructional Hours		
Sponsoring Organization:				
Program Location			Instructor:	
Provide course outline or overvie	ew (may attach additional ma	aterials)		
Signature of Instructor/Program (Signature not required if sign-in		uctor)		
Signature of Applicant		_	Date	
Approval				
County Training Program (CTP) Representative		_ Yes	No	Date
State Auditor & Inspector (SA&I) Representative		_ Yes	No	Date
Yes President of County Clerks Association		_ Yes	No	Date
Mail, Fax, or Email form to:	OSU County Training Program 318 Agricultural Hall Stillwater OK 74078-6026 Phone: 405-744-6160 Fax: 405-744-8210 Email: ctp@okstate.edu			