[OHA’s criteria for approval](https://www.oregon.gov/oha/OEI/Documents/OHA%20CCCE%20Criteria_May2019.pdf)

**Agency Information**

|  |  |  |
| --- | --- | --- |
|  | | |
| **Name of Organization** | | |
|  | | |
| **Official Name of Training Program** | | |
|  | | |
| **Training Program Contact Person** | | |
|  |  |  |
| **Phone Number** |  | **E-mail** |

**Modified Online/Partial Online Training Information**

|  |
| --- |
|  |
| Total number of online hours (*virtual content*) |
|  |
| Identify training domains to be delivered online & why |
| Total number of in-person hours to be delivered later (*in-person content*) |
|  |
| Please explain how in-person parts of the training (i.e. pairing/small group work, how to work with interpreters in-person, teach-backs to demonstrate mastery, etc.) will be revisited and completed once restrictions on public gatherings/social distancing are lifted. |
|  |
| Projected training dates and locations that will include partial online training delivery |

I attest that all the information contained in this form is true and accurate to the best of my knowledge and understanding. I understand that providing false, incomplete or misleading information may result in the denial of or revocation of the continuing education approval.

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**Training Director Signature** **Date**