**Water Resources Program

FOR ECOLOGY USE

(Date Stamp)

Training Hours Credited: \_\_\_\_\_

## **Water Conservancy Board**

## **Training Credit Request**

**Send completed form to:** Department of Ecology, Water Resources Program,

Water Conservancy Board Coordinator, PO Box 47600 Olympia, WA 98504-7600

Fax# 360-407-7162

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| **Board Member Information:** | | | |
| Name: | Phone No: | Other No: | |
| Board Name: | Appointment Date: | | |
| Email Address (optional): | | | |

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| **Training Activity Information:** | | | |
| Title of Training Activity: | | | |
| Training Location | City: | | State: |
| Training Activity Date(s): | | Total Hours: | |
| Content/Description: (Attach course documentation if available or summary of activity) | | | |
| How does this training relate to your work on the Water Conservancy Board? | | | |
| Sponsor of activity:  Other State Agency  Federal Government  Educational Institute  Other:  (Please list agency): | | | |
| Instructor type:  Contractor Instructor  Author of Reading Material  Ecology Employee  State Employee  Federal Employee  College Instructor  Other/Unknown Instructor's or Author’s Name (if known): | | | |

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| --- | --- | --- |
| **Signature:** | | |
|  |  |  |
| Date | Printed Name | Signature |