**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

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

|  |
| --- |
| **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):       |

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