



## Water Resources Program Water Conservancy Board Training Credit Request

FOR ECOLOGY USE (Date Stamp)
Training Hours Credited: _____

**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: <input type="checkbox"/> Other State Agency <input type="checkbox"/> Federal Government <input type="checkbox"/> Educational Institute <input type="checkbox"/> Other: (Please list agency):		
Instructor type: <input type="checkbox"/> Contractor Instructor <input type="checkbox"/> Author of Reading Material <input type="checkbox"/> Ecology Employee <input type="checkbox"/> State Employee <input type="checkbox"/> Federal Employee <input type="checkbox"/> College Instructor <input type="checkbox"/> Other/Unknown            Instructor's or Author's Name (if known):		

Signature:		
Date	Printed Name	Signature