

WSAOHN Constituency Educational Program Award Application

Constituency: _____

Educational Program/Brief Description:

Date Of Educational Program: _____

The following criteria have been met and documentation is attached to be considered for the WSAOHN Constituency Educational Program Award:

- _____ Educational hours awarded
- _____ Evaluation tool and evaluation results
- _____ Length of program
- _____ Speakers credentials
- _____ Innovation and creativity
- _____ Timely and relevant to workplace health and safety
- _____ Group participation

Applicant's Signature: _____ Date: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Forward completed application by **September 1, 2010** to WSAOHN Education Chair Joy Marks, W5055 Moore Rd, Hilbert, WI 54129 or email to marks5055@tds.net