

**Western Oregon University—Division of Extended Programs
Re-Certification Registration Form**

Name _____ Email Address* _____

Address _____
Street City State Zip

Phone Number _____ For What School Do You Teach Driver Ed? _____

* Note: Please double-check that your email address is complete and legible. Additional information or changes to your course will be sent by email.

Please register me for the following: **Fee: \$25**

1. Continuing Education Hours:

- Foundations of Traffic Safety: Location: _____ Class Start Date _____
Date(s) / Times you will attend: _____
- Classroom Traffic Safety Instruction: Location: _____ Class Start Date _____
Date(s) / Times you will attend: _____
- Behind-the-Wheel Instruction: Location: _____ Class Start Date _____
Date(s) / Times you will attend: _____

2. Teaching Evaluation (indicate what portion of Driver Ed you teach):

- Behind-the-Wheel
- Classroom Instruction
- Both

Method of Payment (payment for text/materials must accompany registration form):

- Check enclosed, payable to Western Oregon University
- Purchase Order (include copy with registration form)
- VISA/MasterCard/Discover

Number: _____ Exp. Date: _____ "V" code: _____

Name as it appears on Card: _____

Authorizing Signature: _____

Mail: DEP
345 N Monmouth Ave
Monmouth, OR 97361

Fax: (503) 838-8473
Phone: (503) 838-8483

Web: <http://www.wou.edu/trafficsafety>