



Participant Application

PARTICIPANT INFORMATION

Name: _____ **Title:** _____

District: _____

Address: _____

City

State

ZIP Code

Phone: _____ **Email:** _____

I wish to participate in the SDAO Academy program and have discussed my intent with my supervisor.

I understand that all requirements must be completed within three years of my enrollment date to obtain certification.

Signature: _____ **Date:** _____

SUPERVISOR APPROVAL

I have discussed the benefits of the SDAO Academy program with this applicant. I support their participation in the program.

Supervisor Signature: _____ **Date:** _____

HOW TO APPLY

Please complete this application and send by mail, email, or fax to:

SDAO | PO Box 12613 | Salem, Oregon 97309
Fax: 503-371-4781 | Email: MemberServices@sdao.com