If you wish to request a speaker from OVSR for your in-person meeting, or to have a scheduled presentation considered for recertification credit, please complete this form in full and email to [Vincent.Caffarello@doh.nj.gov](mailto:Vincent.Caffarello@doh.nj.gov) and [Tiffany.Drennon@doh.nj.gov](mailto:Tiffany.Drennon@doh.nj.gov) at least **30 days before the event**.

## Requestor Information

|  |  |  |
| --- | --- | --- |
| Name: | Click or tap here to enter text. |  |

|  |  |
| --- | --- |
| Association: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Email: | Click or tap here to enter text. | Phone: | Click here to enter text. |

## Event Information

|  |  |  |
| --- | --- | --- |
| Location: | Click or tap here to enter text. |  |

Date of event: Click or tap to enter a date.

|  |  |  |
| --- | --- | --- |
| Time of event: | Click to enter |  |

Do you already have presenters scheduled? Yes  No

**If YES, please attach your presenters’ outline of their topic and any training materials they provided for recertification credit consideration—ensure that their name is included.**

**If NO, fill out the remainder of the form.**

## State Speaker Request

**NOTE**: OVSR provided presentations are worth 1 credit and are approximately an hour long.

How many presentations by OVSR staff are you requesting? 1  | 2  | 3

|  |  |  |
| --- | --- | --- |
| Any topics you feel would benefit your association (optional): | Click or tap here to enter text. |  |