Arkansas State Board of Registered Professional Sanitarians

Continuing Education Credit Request Form

Date Submitted:____________________ Date of Session:____________________

Name:________________________________________________________________

Registration Number:____________________________________________________

Title of Session:_________________________________________________________

Sponsor:_______________________________________________________________

Actual Time Spent in Session: Hours____ Minutes_________________

For Board Use Only

* All CEU Applications must be submitted Within in Sixty (60) days after course is
  Board Approved: CEU______ Completed. (Sec. 5 (a) Act 281, 582, Regs.)
  Date Approved:______________

Signature of Instructor, Sponsor, or Monitor Attesting to
Attendance_____________________________________________________________

Registered Sanitarian Signature_________________________________________

Submit original completed form along with documentation or outline to:

Secretary/Treasurer, State Board of Registered Sanitarians
  Cary Gray, R.S.
  Secretary/Treasurer
  State Board of Registered Sanitarians
  Arkansas Department of Health
  Northwest Regional Office
  27 West Township
  Fayetteville, Arkansas 72703
  E-Mail: Cary.Gray@arkansas.gov

The registered Sanitarian should make a copy of the completed CEU-1 for his/her records.

Board Reviewers: APPROVE

DISAPPROVE

CEU-1 (Revised 07-01-2015) this form may be reproduced as needed