

**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  
Completed. (Sec. 5 (a) Act 281, 582, Regs.)

Board Approved: CEU \_\_\_\_\_  
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**