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 Board Approved: CEU______
Within in Sixty (60) days after course is Date Approved:______________
Completed. (Sec. 5 (a) Act 281, 582, Regs.)

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