

Arkansas State Board of Registered Professional Sanitarians

Request for Exemption from Continuing Education Requirements

Date Submitted: _____

Name: _____

Registration Number: _____

EXEMPTION REQUIREMENT

NON-RESIDENT: _____ (Signature)

NON-PRACTICING: _____ (Signature)

OTHER: _____ (Detail and Sign)

Note that CEU Exemption does not exempt Registered Sanitarian from yearly fees to maintain licensure. The CEU requirements will not be retroactive, but shall be applicable beginning with the first date of practice in the state of Arkansas. Loss of licensure will require reapplication and testing to obtain registration.

Submit original completed form to:

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 Exemption form for his/her records.

For Board Use Only

All CEU Exemption Applications must be submitted to the Board.
(Sec. 8 (a) Act 281, 582, Regs.)

Date Approved: _____

Board Reviewers: APPROVE

DISAPPROVE

CEU Exemption Form (Revised 07-1-2017) this form may be reproduced as needed

