



Arkansas State Board of Registered Professional Sanitarians
Request for Exemption from Continuing Education (CEU) 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:

Secretary/Treasurer
State Board of Registered Sanitarians
Environmental Health Protection
Arkansas Department of Health
4815 West Markham, Slot 46
Little Rock, AR 72205

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

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

For Board Use Only:		
Board Approved CEU: _____	Board Reviewers: _____	APPROVE
Date Approved: _____		DISAPPROVE