Arkansas State Board of Registered Professional Sanitarians Continuing Education Credit Request Form for Group Training

Date Submitted:Date of Session:			
Title of Session:			
Sponsor:			
Actual Time Spent in Session: HoursMinutes 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			
R.S. #	NAME (PRINT)	SIGNATURE	DATE

Submit original completed form along with documentation or outline to: Cary Gray, R.S., Secretary-Treasurer, Arkansas 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-2 for his/her records

Board Reviewers: APPROVE

DISAPPROVE

CEU-2 (07-01-2015) this form may be reproduced as needed