

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