

Arkansas State Board of Registered Professional Sanitarians

Continuing Education Credit Request Form

Date Submitted: _____

Name: _____ Registration Number: _____

Title of Session: _____ Date 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 _____ Hrs.
Date Approved: _____

Signature of Instructor,
Sponsor _____
Or Monitor Attesting to
Attendance _____

Registered Sanitarian
Signature _____

Submit original completed form along with documentation or outline to:

Howard County Health Unit
David McKinnon, R.S.
201 East Hempstead
Nashville, AR 71852
E-Mail: david.mckinnon@arkansas.gov

***The registered Sanitarian should make a copy of the completed form CEU-1 for
his/her records***

Comments:

Board Secretary:

CEU-1 (Revised 06-30-08) this form may be reproduced as needed