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: 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_____

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