

**Arkansas State Board of Registered Professional Sanitarians**

**Request for Exemption from Continuing Education 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:**

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](mailto:Cary.Gray@arkansas.gov)

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

**For Board Use Only**

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

Date Approved: \_\_\_\_\_

**Board Reviewers: APPROVE**

**DISAPPROVE**

**CEU Exemption Form (Revised 07-1-2017) this form may be reproduced as needed**