

Continuing Education Submission Form

This Form May **Only** Be Used For The Following NEHA Credentials:
(REHS/RS, CIOWTS, CP-FS, HHS, RHSP, RET, CEHT, RHSS)

Name: _____	Date: _____
Address: _____	
City: _____	State: _____ Zip: _____
Daytime Phone: _____	E-mail: _____
NEHA Membership Number: _____	NEHA Credential Number: _____

(This Section Must Be Completed)

Please provide the following information:

Name of Course: _____ Date(s) of Course: _____

Summary of Course:

(This Section Must Be Completed)

Please list the new competencies that you have developed.

- ⇒
- ⇒
- ⇒
- ⇒
- ⇒

Total CE Hours

Number of Hours attended: * _____

(-)Breaks/Lunches: - _____

(-)Dinners: - _____

(-)Business Meetings: - _____

Total CE Hours: = _____
*(subject to revision)

FOR INFORMATION ON:

The National Radon Proficiency Program Continuing Education
Please visit www.radongas.org or call 800-269-4174

FOR NEHA USE ONLY:

NT ST LO MI HS FED PI
CNTY UNV Total CE's=_____

SUBMIT FORM TO:

National Environmental Health Association
720 S. Colorado Blvd., Ste. 1000-N Denver, CO 80246
Phone: 303-756-9090 Fax: 303-691-9490

Internet: www.neha.org E-mail: credentialing@neha.org