

Continuing Education Attendance Form

National Environmental Health Association

FOR NEHA USE ONLY

Name of Program: **CDC Essential Services of Environmental Health**

Total Number of NEHA Authorized CE Course Contact Hours: 5.0 * (* instructor's initials & signature, course info required below)

Total Number of NEHA Authorized CE Case Study Contact Hours: _____ * (1.0 hour each = 6.0 hours max)

Total Program Contact Hours Awarded: _____

NEHA Authorized Signature: **Heidi J. Steigman** Date: **December 1, 2004**

STEP 1. Name and Address of Applicant

May be completed as PDF Form / Use Tab Key to move between fields

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

NEHA Membership Number (if applicable): _____ NEHA Credential Number (if applicable): _____

STEP 2. (This Section Must Be Completed)

Please list the new competencies that you have developed.

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STEP 3. Total CE Hours Requested

Course Contact Hours: * _____ 5.0

Case Studies Completed

#1: Benton County Health HD _____

#2: BSU Dept. of EH&S _____

#3: Gallatin City/County HD _____

#4: Thurston County HD _____

#5: Oregon State EH Directors _____

#6: Washington Dept. of Health _____

Case Study Contact Hours: * _____

(1.0 hour each = 6.0 hours max)

(* instructor's initials / signature required below)

Total CE Hours Requested _____

(Subject to Revision upon NEHA Review)

STEP 4: Attendance Verification (Instructor's Signature - with Contact Info and Course Details)

Course Date(s) _____

ATTENDANCE VERIFICATION SIGNATURE: * _____ Location: _____

Name: _____ Org: _____ Phone: _____ Email: _____

STEP 5. CE Fees

- I am credentialed with NEHA, there is no charge.
- I am not currently credentialed with NEHA, there is a \$7.50 charge per CE Submission.

Method of Payment (if applicable):

- Check or Money Order payable to the
National Environmental Health Association

Visa or Mastercard Exp.: _____

Card Number _____

Authorized Signature: _____

STEP 6. SUBMIT FORM TO:

National Environmental Health Association

720 S. Colorado Blvd., Ste. 970-S

Denver, CO 80246

Phone: 303-756-9090, ext. 309

Fax: 303-691-9490

✉ E-mail: credentialing@neha.org

