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