



# National Environmental Health Association

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## CERTIFICATE OF ATTENDANCE REQUEST FORM

*Please complete this request form and return to NEHA for processing. Forms can be mailed, faxed or emailed to the above address.*

**1) Course Information: Date(s) of Course :** \_\_\_\_\_

CA Accreditation Agency: National Environmental Health Association

Name of Course Instructor: \_\_\_\_\_

Registered Provider: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Location of Course: \_\_\_\_\_

### 2) Address for Certificate to be sent:

Name: \_\_\_\_\_ REHS #: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### 3) Payment Options: Fee per Certificate Request (\$30.00)

Check or Money Order Included Check Number: \_\_\_\_\_

Purchase Order (Please Invoice) PO Number: \_\_\_\_\_

Visa  Mastercard

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

### 4) Authorization:

I, \_\_\_\_\_ hereby attest that I participated in the course for which I am now requesting a Certificate of Attendance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date