

Application for Approval as a NEHA Registered Provider (RP)
National Environmental Health Association

Please use this application to apply to be a NEHA Registered Provider (RP) for the California Dept of Public Health Registered Environmental Health Specialists. Submit the completed application, documentation and fees to NEHA. NEHA defines one continuing education contact hour as equal to one hour of continuing education experience under responsible sponsorship, capable direction and qualified instruction.

STEP 1. Name and Address of Applicant

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

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

STEP 2. Program Information

Name of Program: _____

Date(s) of Program: _____

Location of Program: _____

STEP 3. Program Content Summary

Please summarize the content of your program here. Attach an agenda, if available.

STEP 4. Learning Objectives

Please summarize learning objectives of course.

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STEP 5. Total CE Hours

Number of Hours attended: * _____

(-)Breaks/Lunches: - _____

(-)Dinners: - _____

(-)Business Meetings: - _____

Total CE Hours: = _____

*(subject to revision)

STEP 6. Course Format

Please check the box(s) that most closely describe the format of your program.

- Conventional Activities *(check all that apply)*
 - Lectures
 - Workshops
 - Classroom/Field Instruction
 - Case Presentations
- Self-study Programs *(check all that apply)*
 - Videotape/DVD
 - Audiotape/CD
 - Computer-Based Training
 - Internet Training
- Experiential Skill Development
- Technical Facility Tours

STEP 7. Instructors

Please list all instructors participating in your program. Attach additional pages if necessary.

Name: _____	Name: _____
Job Title: _____	Job Title: _____
Employer: _____	Employer: _____
Phone Number: _____	Phone Number: _____
Name: _____	Name: _____
Job Title: _____	Job Title: _____
Employer: _____	Employer: _____
Phone Number: _____	Phone Number: _____

STEP 8. Statement of Affirmation

The applicant acknowledges that the information supplied on this Application Form and on any other supporting documentation is accurate to the best of their knowledge.

Signature of Applicant: _____

Printed Name of Applicant: _____

Title: _____ Date: _____

STEP 9. Application Fee

There is a \$45.00 application fee for approval as a NEHA RP

Method of Payment:

- I have enclosed a check or money order payable to the National Environmental Health Association.
- Please charge my Visa or Mastercard:

Card Number: _____

Exp.: _____

Authorized Signature: _____

STEP 10. 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
 E-mail: credentialing@neha.org

