



National Environmental Health Association

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Denver, CO 80246-1925

Phone: 303-756-9090 Fax: 303-691-9490 Email: credentialing@neha.org

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. Please allow 4-6 weeks for processing

1) Course Information: Date(s) of Course : _____

CA Accreditation Agency: National Environmental Health Association (NEHA)

Name of Course Instructor: _____

Registered Provider (circle one): NEHA, CDC, EPA, NFS or other please list _____

Title of Course(s): _____

(If more than one course please attach a list of course requesting approval for that occurred within a **one calendar year only**)

Location of Course: _____

Number of contact hours completed: _____

2) Address for Certificate to be sent:

Name: _____ CA REHS #: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Email: _____

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

Are you a NEHA member? ID# _____

If you are a NEHA member, fee for Certificate of Attendance is waived.)

Check or Money Order Included Check/M.O. Number: _____

Visa MasterCard

Credit Card #: _____ Expiration: _____ CVV code on back _____

Name on card (print) _____ **Signature** _____

Billing Address on card _____

4) Authorization:

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

Signature

Date