

Continuing Education Submission Form

Please note: you do not need to send any certificates, agendas or other additional documentation. This form is only for individuals that hold a NEHA credential.

Name of Course: _____

Location: _____ *Date(s):* _____

Step 1. Name and Address of Applicant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

NEHA Credential #: _____ NEHA Customer ID #: _____

Step 2. Competencies (This Section Must Be Completed)

Please list the new competencies you have developed from participating in this continuing education activity.

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Step 3. Total CE Hours

Number of Hours Attended: _____

(-) Breaks/Lunches: - _____

(-) Dinners: - _____

(-) Business Meetings: - _____

Total CE Hours: _____

Step 4. Submit Form to:

Attn: Credentialing
National Environmental Health Association
720 South Colorado Boulevard, Suite 1000-N
Denver, Colorado 80246
Phone: (303) 756-9090 ext. 310 Fax: (303) 691-9490
Email: credentialing@neha.org