

WASHINGTON STATE BOARD OF REGISTERED SANITARIANS
Application for Continuing Education Unit (CEU) Credit

Name (please print) _____ **RS Number** _____ **Employer** _____

Address: _____ **City, State, Zip** _____

____ check here if new address ____ check here if conference provider

Work Phone #: (____) _____ **E-Mail address:** _____

(CEU report will be sent electronically)

Course Sponsor: _____

Agency

Contact Person / Phone #

Course Title: _____

Course Date: _____ **Location:** _____

(Applications for CEU must be made within 18 months of course date)

Submission Requirements:

- Credit cannot be assigned without the appropriate supporting documentation per Appendix B of the WSBRS By-Laws, Continuing Education Committee Guidelines (i.e. timed agenda, certificate of completion, college transcripts and/or letter of attendance.) **Be sure to indicate on the agenda the sessions attended.** The appropriate supporting documentation is attached.
- Credit is not given for speaker presentations. If you spoke or presented at this course, please indicate this on the agenda or syllabus.
- Credit may not be given for “on-the-job” or “internal office” training sessions unless the in-house training has a qualified presenter and is applicable to the profession.
- Credit cannot be given for attending the same course within a 3 year period, with the exception of annual conferences where content changes each year. I have not attended the same course in a 3 year period.
- Applications may be made on behalf of a group, please attach a sign-in sheet with this application and the appropriate supporting documentation. One person must sign the application.
- One CEU credit is defined as: “Ten contact hours of participation in an organized educational experience under qualified sponsorship, direction and instruction.”

As a professional registered with the Washington State Board of Registered Sanitarians I attest that I attended and satisfactorily completed the course described above and meet the submission requirements.

Signature Required _____

Date _____

Send copies to: **Washington State Board of Registered Sanitarians: PO Box 384, Snohomish, WA 98291**
Email electronic submissions to: **wsbrs.secretary@gmail.com**
Questions? Contact: Toni Plemel, Executive Secretary (425) 377-1855 or **wsbrs.secretary@gmail.com**