



Arkansas State Board of Registered Professional Sanitarians

Continuing Education Credit Request Form

Date Submitted*: _____ Date of Session: _____

Name: _____ Registration Number: _____

Title of Session: _____

Sponsor: _____

Actual Time Spent in Session: Hours: _____ Minutes: _____

Signature of Instructor, Sponsor, or Monitor Attesting to Attendance:

Registered Sanitarian Signature:

Submit original completed form along with documentation or outline to:

Secretary/Treasurer
State Board of Registered Sanitarians
Environmental Health Protection
Arkansas Department of Health
4815 West Markham, Slot 46
Little Rock, AR 72205

The registered Sanitarian should make a copy of the completed CEU-1 for his/her records.

* All CEU Applications must be submitted within in Sixty (60) days after course is completed. (Sec. 5 (a) Act 281, 582, Regs.)

For Board Use Only

Board Approved: CEU _____

Board Reviewers:

APPROVE

Date Approved: _____

DISAPPROVE

CEU-1 (Revised 01-06-2020) this form may be reproduced as needed