



Continuing Education Form
Nevada Environmental Health Association
47th Annual Educational Conference
Las Vegas Springs Preserve
July 27-29, 2010

Use this form to track your attendance at the NveHA Conference **RETAIN A COPY FOR YOUR RECORDS**
 National Environmental Health Association (NEHA) credential holders may submit their CE hours online at
www.neha.org/CEweb/CE.asp

TUESDAY—July 27, 2010

Speaker & Topic	Time	Hrs	Attended	Total Hrs*
NSF Third Party Certifications, <i>Ron Grimes</i>	10:00 to 11:00 am	1		
Intro to the Springs Preserve	11:15 to 11:45 am	0.5		
Sex Trafficking and Massage Therapy Facilities; <i>Dr. Johnson Ojo</i>	1:00 to 2:30 pm	1.5		
Foodborne Illness Liability and Law; <i>Colin Caywood</i>	2:45 to 3:45 pm	1		
Driving Safety; <i>John Johansen</i>	4:00 to 5:00 pm	1		

WEDNESDAY—July 28, 2010

Speaker & Topic	Time	Hrs	Attended	Total Hrs*
USDA; <i>Michael Dunn</i>	8:30 to 9:30 am	1		
Halal Foods; <i>Aslam Abdullah</i>	8:30 to 9:30 am	1		
Asbestos; <i>Dale Walsh</i>	9:45 to 10:45 am	1		
Desert Cleanup Program; <i>Nathan Coleman</i>	9:45 to 10:45 am	1		
New Developments in Waste Water Treatment; <i>Ron Grimes</i>	11:00 am to 12:00 pm	1		
Water Quality; <i>Dr. Dan Gerrity, Ph.D</i>	1:30 to 2:30 pm	1		
From the Farm to the Fork; <i>Chef Stirling Burpee</i>	1:30 to 2:30 pm	1		
Las Vegas Wash Program; <i>Nick Rice</i>	2:45 to 3:45 pm	1		
Take Pride In America Program; <i>Elizabeth Barrie</i>	2:45 to 3:45 pm	1		
Bird Infestations; <i>John Roberts</i>	4:00 to 5:00 pm	1		
Water Conservation; <i>Doug Bennett</i>	4:00 to 5:00 pm	1		

THURSDAY—July 29, 2010

Speaker & Topic	Time	Hrs	Attended	Total Hrs*
Communication Workshop; <i>Donna Beegle</i>	8:30 to 10:00 am	1.5		
Workshop Part I Continued	10:30 am to 12:00 pm	1.5		
Workshop Part II	1:30 to 3:25 pm	1.75		
Workshop Part II Continued	3:45 to 5:00 pm	1.25		

View Exhibits at Springs Preserve	On your own	1		
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If you only attended part of a session, please record only the number of presentation hours you actually spent in that session in the "Total Hrs" column. Also be sure to fill in the **Grand Total CE Hours** in the "Applicant Information Section" BELOW.

Applicant Information Section (please complete the following section for your records.)

Grand Total CE Hours _____

Name _____ NEHA membership number (if applicable) _____

Address _____
 Street address City State Zip Country

Daytime Phone _____ Email _____

If you are a NEHA member submit your CE hours online at www.neha.org/CEweb/CE.asp.
 For submission to any other organization other than NEHA or state, submit directly to that organization/state.
 Do not submit this form directly to NEHA.
 Please retain this form for your records in the event you are chosen for and audit.