

Continuing Education Attendance Form

National Environmental Health Association

ALL STEPS MUST BE COMPLETED

FOR NEHA USE ONLY

Name of Program: Nevada Environmental Health Association - Annual Education Conference

Location: Springs Preserve, Las Vegas, NV Dates: August 9-11, 2011

Total Number of NEHA Authorized CE Contact Hours: 19.25

STEP 1. Name and Address of Applicant

Name: _____ Date Completed Training _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

NEHA Membership Number (if applicable): _____

NEHA Credential ID Number (if applicable): _____

STEP 2. Competencies

Please list the new competencies you have developed.

⇓

⇓

⇓

⇓

Step 3. Total CE Hours

Number of Hours attended: _____

(-) Breaks/Lunches: - _____

(-) Dinners: - _____

(-) Business Meetings - _____

Total CE Hours: = _____

Step 4. Attendance Verification (Representative from Pre-Approved CE Program, please sign below)

ATTENDANCE VERIFICATION SIGNATURE: _____

Step 5. CE Fees

I am credentialed with NEHA, there is no charge (please see other side of form for submission instructions)

I am not currently credentialed with NEHA, there is a \$7.50 charge per CE Submission (please see other side of form for submission instructions)

Method of Payment (if applicable):

Check or Money Order payable to NEHA

Visa or Mastercard

Card Number: _____ Exp. Date: _____

Authorized Signature: _____