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

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 1 year 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 "in-house" or "on-the-job" training. If this training was held at my place of employment or sponsored by my employer, I have attached documentation explaining how this training meets the requirements for credit per Appendix B of the WSBRS By-Laws, Continuing Education Committee Guidelines.
- 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

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

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