

STATE OFWEST VIRGINIA STATE BOARD OF SANITARIANS

REQUEST FOR APPROVAL OF A COURSE OF STUDY OR PROGRAM OF INSTRUCTION FOR CONTINUING EDUCATION HOURS (C.E.H.)

1. Ì	Name and Address of Sponsoring Agency:
- 2. I	Program Title:
3. I	Program Location and Facility:
4. I	Program Date(s):
5. 7	Гotal Proposed Program Hours:
5. I	Registration Fee:
	Name of Program Coordinator:
3. I	Educational Objectives of Program Specific to Sanitarians:
: -	Program Description. Submit copy of Program agenda or lists of topics of discussion with respective presenter's name and the education hours for each portion of program. Lecture Symposium Workshop Other: List Instructor(s)' Name(s) and Qualification(s). Give Pertinent Information Only in Brief:
- 11.	Submitted By: Title: Date:
Atta	ch additional sheets if more space is needed for numbers 8, 9, and 10.
lubi	mit to: Kanawha Charleston Health Department WV State Board of Sanitarians

Attn: David P. Thornton R.S. P.O. Box 927 Charleston, West Virginia 25323