



STATE OF WEST VIRGINIA
STATE BOARD OF SANITARIANS

**APPLICATION FOR
CONTINUING EDUCATION HOURS (C.E.H.)
FOR INDIVIDUAL COURSE COMPLETION**

Name: _____

Address: _____

Name of Course
Attended/Taught: _____

Sponsored By: _____

Date(s) Attended: _____

Location of Course: _____

Length of Course (in hours): _____

Attendance Certified By: _____

Signature: _____

DIRECTIONS

- a. Complete all of the above information
- b. Submit within thirty day of completion of the course to:

WV State Board of Sanitarians
Michelle Cochran, Interim Executive Director
P.O. Box 927
Charleston, WV 25323

- c. Submit a copy of the certificate of attendance or other proof of attendance with this document.
Each Sanitarian is responsible for establishing proof of attendance.
- d. Submit a copy of the program agenda, if not pre-approved.