



STATE OF WEST 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. Name and Address of Sponsoring Agency: _____

2. Program Title: _____
3. Program Location and Facility: _____

4. Program Date(s): _____
5. Total Proposed Program Hours: _____
6. Registration Fee: _____
7. Name of Program Coordinator: _____
8. Educational Objectives of Program Specific to Sanitarians: _____

9. 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: _____
10. List Instructor(s)' Name(s) and Qualification(s). Give Pertinent Information Only in Brief:

11. Submitted By: _____ Title: _____
Date: _____

Attach additional sheets if more space is needed for numbers 8, 9, and 10.

Submit to:

Kanawha Charleston Health Department
WV State Board of Sanitarians
Attn: Michelle Cochran
P.O. Box 927
Charleston, West Virginia 25323