# Continuing Education Attendance Form

**National Environmental Health Association**

**ALL STEPS MUST BE COMPLETED**

<table>
<thead>
<tr>
<th>FOR NEHA USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Program:</td>
</tr>
<tr>
<td>Location:</td>
</tr>
<tr>
<td>Dates:</td>
</tr>
<tr>
<td>Total Number of NEHA Authorized CE Contact Hours:</td>
</tr>
</tbody>
</table>

## 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.

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- 
- 
- 

## 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: ____________________________

*Executive Director, Partnership for Food Safety Education*

## 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  
  CVV Code: ________________  
  Card Number: _____________________________  
  Exp. Date: _____________________________

Authorized Signature: _____________________________
Step 6. Submission Instructions

1. If you are credentialed with NEHA:
   ✓ Log into your My NEHA account using your email address as your login ID.
   ✓ On the right side of the screen, look for "My Credentials and CEs". Then click on "Report CE Credits".
   ✓ Complete the Self-Report CE Credits form.
      Retain this form for your records. In the event you are audited this form will serve as your proof of attendance.

2. If you are currently not credentialed with NEHA:
   ✓ Please submit this completed form along with the appropriate fee ($7.50 per submission) to:

      National Environmental Health Association
      Attn: Continuing Education
      720 S. Colorado Blvd., Ste. 1000-N
      Denver, CO 80246
      Phone: (303) 756-9090 ext. 310
      Fax: (303) 691-9490
      Email: credentialing@neha.org