For Committee Use: Date Application received_____Meeting Date_____CEU #_____
Approved_____Pending_____Denied_____# of General CEU's_____# of Food Ceu's_____

Michigan Environmental Health Association
Continuing Education Application

Name:_____Position_____
Business Address:_____
E-Mail Address:_____
Please indicate which you are applying for: ∈Group or ∈Individual Credit?
Program/Course Title _____
Presenter/Presenting Organization _____
Course Sponsor_____Contact Person_____
Address of Contact Person_____
_____
_____Contact Phone #_____
Program Location_____
Date(s) Attended _____
Times Attended _____
Number of CEU's requested (Meals and Travel Time are NOT eligible)
List the name and number of CEU's for each session (Round to the nearest 15 minutes)

15 minutes = .25 Hours
30 minutes = .50 Hours
45 minutes = .75 Hours
(Breaks, Meals and Travel Time are not eligible)

General CEU's	Food CEU's
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total General CEU's requested _____	Total Food CEU's requested _____

Describe the program objectives and expected usefulness as they relate to your professional development: _____
_____
_____
Signature_____Date_____

SEND OR FAX APPLICATION AND DOCUMENTATION NO LONGER THAN 60 DAYS AFTER THE EVENT TO:

MICHIGAN ENVIRONMENTAL HEALTH ASSOCIATION
CONTINUING EDUCATION COMMITTEE
P.O. BOX 13276
LANSING, MI 48901
PHONE: 517-485-9033 / FAX: 517-485-6412/ www.meha.net

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