



Creating
a State
of Health

**PROTECTIVE
HEALTH
SERVICES**

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**PROFESSIONAL SANITARIAN & ENVIRONMENTAL SPECIALIST
Continuing Education Course or Conference Verification Form**

This form is for full RPS/RPES registrants only, to submit to OSDH for continuing education verification **only if a certificate, or sign-in sheet and agenda, from a completed course or conference are unavailable.** (In-Training and Lifetime registrants do not require continuing education; any such submitted information is not tracked by OSDH.)

The form must be **completed in full** for the registrant to receive credit for the course/conference, which must relate to one (1) or more items on the **Duty Task List** for Sanitarian/Environmental Specialists, available online at the website listed above. Please complete and submit one (1) form for each course.

REGISTRANT INFORMATION

Full Name: _____ **Registration #:** _____

Email Address: _____

COURSE/CONFERENCE INFORMATION

Title/Name: _____

Sponsor/School: _____

Website (if applicable): _____

Date(s): _____ **Earned Hours:** _____

Duty Task List Item (please also explain relevance): _____

PLEASE SUBMIT THIS FORM ONLY IF OTHER DOCUMENTATION IS UNAVAILABLE.

Signature of Registrant: _____

Printed Name of Course Sponsor or Registrant Supervisor: _____

Signature of Course Sponsor or Registrant Supervisor: _____