



NORTH DAKOTA ENVIRONMENTAL HEALTH ASSOCIATION

CEU Submission Form

Date: _____

Name: _____

Agency/Business: _____

Address: _____

City/State/Zip Code: _____

Work Phone: _____ Fax Number: _____

Email Address: _____

Program Attended: _____

Dates Attended: _____ CEU Hours Requested: _____

Signature: _____

Note to Members: You must include proof that CEU's were obtained, such as a certificate of completion, copy of book cover, invoice, etc. Please do not submit original documents, because they will not be returned.

Submit this form, along with the required documentation to:

Sherry Adams
Southwest District Health Unit
227 16th St W
Dickinson, ND 58601
Telephone: 701.483.0171
Fax: 701.483.4097
Email: sladams@nd.gov