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Phone (303) 756-9090
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March 20, 2006

Susan Aceti
National Center for Healthy Housing
10227 Wincopin Circle, Suite 200
Columbia, MD 21044

RE: Pre-Approved Continuing Education Credit with NEHA

Dear Susan,

Thank you for submitting your program for pre-approved continuing education credit with the National Environmental Health Association (NEHA). I am pleased to inform you that this program has been approved for **15.0** contact hours of continuing education credit with NEHA. Feel free to advertise this fact in your conference flyer.

I have enclosed our Continuing Education (CE) Attendance Form, which may be reproduced and used by your participants. We suggest providing this form to each participant at the beginning of the conference. For individuals to receive Continuing Education credit with NEHA, all of the requested information on the CE Attendance Form must be completed. In addition, the sponsoring agency must verify the persons attendance by signing each form. You may retrieve all forms at the end of the conference and submit them to NEHA together or you may allow individuals to submit the forms at their leisure.

Please note that participants who do not hold a current NEHA credential will be required to pay a **\$7.50** computer maintenance fee to obtain NEHA credit for attending this conference.

It is a credit to your organization that you are offering these programs. Continuing Education is vital to professional development, and your program will enhance the participant's expertise in the environmental health field. Thank you for your efforts to elevate the regard accorded to our profession through Continuing Education and for the pleasure of working with you.

Sincerely,

Heidi J. Shaw
Credentialing Coordinator
(303) 756-9090 ext. 339
email: hshaw@neha.org

Enclosures:

Continuing Education Attendance Form

National Environmental Health Association

FOR NEHA USE ONLY

Name of Program: Essentials for Healthy Homes Practitioners

Location: Various Locations

Dates: Various Dates

Total Number of NEHA Authorized CE Contact Hours: 15.00

NEHA Authorized Signature: Carol Nevolin Date: 03/20/2006

STEP 1. Name and Address of Applicant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

NEHA Membership Number (if applicable): _____ NEHA Credential Number (if applicable): _____

STEP 2. (This Section Must Be Completed)

Please list the new competencies that you have developed.

- ⇒
- ⇒
- ⇒
- ⇒

STEP 3. Total CE Hours

Number of Hours attended: * _____

(-)Breaks/Lunches: - _____

(-)Dinners: - _____

(-)Business Meetings: - _____

Total CE Hours: = _____

*(subject to revision)

STEP 4: Attendance Verification (Representative from Pre-Approved CE Program, please sign below)

ATTENDANCE VERIFICATION SIGNATURE: _____

STEP 5. CE Fees

- I am credentialed with NEHA, there is no charge.
- I am not currently credentialed with NEHA, there is a \$7.50 charge per CE Submission.

Method of Payment (if applicable):

- Check or Money Order payable to the National Environmental Health Association
- Visa or Mastercard

Card Number: _____

Exp.: _____

Authorized Signature: _____

STEP 6. SUBMIT FORM TO:

National Environmental Health Association
720 S. Colorado Blvd., Ste. 970-S
Denver, CO 80246

Phone: 303-756-9090

Fax: 303-691-9490

E-mail: credentialing@neha.org

