

Louisiana State Board of Examiners For Sanitarians
Sponsor Application for Continuing Education
Continuing Education for Louisiana Registered Sanitarians

You may contact the Louisiana State Board of Examiners For Sanitarians (LSBES) by telephone at (225)-324-6989 or email janet.merritt@la.gov Monday through Friday from 8am to 4 pm for any questions regarding this matter. Please access the website at www.lsbes.org in order to acquire additional application forms, a copy of the continuing education regulation, a list of other approved courses, and related material and information. If application is hand-written, please print clearly.

I. APPLICANT INFORMATION

1. Check one: () New Application Re-application () If this is a re-application of a previously approved course, provide the original approval number and provide only new date, place, etc. and required signature. Original course number _____		
2. Sponsoring Organization:		
3. Address:		
4. Municipality:	5. State:	6. Zip:
7. Organization Representative:		
8. Telephone Number:	Fax Number:	
9. Registrar Name/Telephone #:		
10. Proctor Name/ Telephone #:		

II. COURSE INFORMATION

11. Course Title:
12. Description of Course and Materials:
13. Is this a re-certification course? () Yes () No
14. List learning objectives and competencies to be acquired. 1. 2. 3. 4.
15. Type Course: () Teleconference () Video () Classroom/Conference/Meeting
16. Trainers or Speakers: (Attach list of speakers and qualifications)
17. Enrollment (a)minimum_____ (b)maximum_____ (c)cost per attendee \$_____

Louisiana State Board of Examiners For Sanitarians
 Sponsor Application for Continuing Education
 Continuing Education for Louisiana Registered Sanitarians

18. Date(s): mm/dd/yy ____/____/_____ ____/____/_____ ____/____/_____ 	19. Location(s) (include municipality, building and street) _____ _____ _____
--	--

20. Proposed schedule. Attach copy of agenda for each day of the course. Lunch and breaks must be indicated on the agenda.			21. FOR STATE USE ONLY (DO NOT WRITE IN BOXES BELOW)	
Speaker	Course Title	Standard Time Only ____:____ to ____:____	Public Health Related () Yes () No	Approved Contact hours # of Hrs. _____
		____:____ to ____:____	() Yes () No	# of Hrs. _____
		____:____ to ____:____	() Yes () No	# of Hrs. _____
		____:____ to ____:____	() Yes () No	# of Hrs. _____
		____:____ to ____:____	() Yes () No	# of Hrs. _____
		____:____ to ____:____	() Yes () No	# of Hrs. _____
		____:____ to ____:____	() Yes () No	3 of Hrs. _____

22. Description of course evaluation method.(attach copy of proposed forms, etc.)

Received: _____	Approved by: _____
Pending Approval: _____	Comments: _____
Denied: _____	Total # of Contact Hours: _____

Louisiana State Board of Examiners For Sanitarians
Sponsor Application for Continuing Education
Continuing Education for Louisiana Registered Sanitarians

III. SPONSOR AGREEMENT

23. In accordance with LSBES regulations on Registered Sanitarian Continuing Education requirements the sponsoring organization agrees to:

1. notify the LSBES if the course, seminar, or program is withdrawn or changed;
2. provide attendance verification forms for attendees and have a proctor attest to their attendance;
3. maintain records of evaluations by attendees;
4. cooperate in any additional reviews to verify accuracy of the application;
5. provide a copy of the registration roster to the SLBES within 30 days of completion of the course; and
6. include the following language on the certificates of attendance: This course (seminar or program) is approved by the Louisiana State Board of Examiners for Sanitarians for continuing education contact hours toward the renewal of a Registered Sanitarian license.

I hereby certify, to the best of my knowledge, that this application and its attachments are true and correct.

X

Signature of Organization Representative

Date