

**Louisiana State Board of Examiners for Sanitarians
Request for Sanitarian Continuing Education Credit Form
Individual Sanitarian**

Email to lsbes.board@gmail.com

or mail to: LSBES - 7515 Jefferson Hwy., Box 161 - Baton Rouge, LA 70806

Prior approval is recommended. Application and all supporting documentation should be submitted to the Louisiana State Board of Examiners for Sanitarians (LSBES) 30 days prior to attendance of /registration for course. Post approval will be considered if the course materials and completion certificates/transcripts are submitted within 30 days of completion. This form and supporting documentation MUST be submitted for the course/credit to be reviewed. Please send copies of all information. DO NOT submit originals

Sanitarian License # _____ Address change? Yes () No ()

Name _____

Mailing Address _____

City/State/Zip _____

Phone # (____)-____-____ Fax # (____)-____-____ E-mail _____

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Name of course/class _____

Date _____ Time _____ Contact hours requested _____

Location _____

Instructor(s) _____

Instructor Address _____

Sponsoring Organization _____

Note: Sponsoring organization must be one of the following (please check appropriate box)

college/university () regional/state organization () state/federal government () other ()

Attach the following information:

- If submitted after completion of course submit a copy of course completion certificate or certified transcript (if college credit class)
- Description of course content, including time allotted to each activity
- Qualifications of instructors
- Any other information which might assist in us approving the course (brochures, schedules, conference programs etc.)

Signature Date Sponsor Signature (if applicable) Date

Within 30 days of receipt of this application, we will return this form to you. Retain a copy of this form with the course completion certificate/copy of transcript for five years so that it will be available in the event of an audit.

Louisiana State Board of Examiners for Sanitarians – Official Use Only			
Date Received	Date Approved	Number of Hours Approved	Approved By: