

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

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You may contact the Louisiana State Board of Examiners For Sanitarians (LSBES) by email at [lsbes.board@gmail.com](mailto:lsbes.board@gmail.com). Please access the website at [www.lsbes.org](http://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: <input type="checkbox"/> New Application <input type="checkbox"/> Re-application ( ) If 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. List learning objectives and competencies to be acquired.  1. 2. 3. 4.
15. Type Course: <input type="checkbox"/> Teleconference <input type="checkbox"/> Video <input type="checkbox"/> Classroom/Conference/Meeting

16. Trainers or Speakers: (Attach list of speakers and qualifications)	
17. Enrollment (a)minimum_____ (b)maximum_____ (c)cost per attendee \$_____	
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.			<b>21. FOR STATE USE ONLY</b> (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	3 of Hrs. _____

22. Description of course evaluation method. (attach copy of proposed forms, etc.)	Received ____/____/____
	Reviewed ____/____/____
	Approved by: _____
	Pending Approval: _____
	Denied: _____
Comments:	
Total # of Contact Hours: _____	

### 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.

\_\_\_\_\_  
Signature of Organization Representative

\_\_\_\_\_  
Date