



STATE OF WEST VIRGINIA  
STATE BOARD OF SANITARIANS

**REQUEST FOR APPROVAL OF A COURSE OF STUDY OR PROGRAM OF  
INSTRUCTION FOR CONTINUING EDUCATION HOURS (C.E.H.)**

1. Name and Address of Sponsoring Agency: \_\_\_\_\_  
\_\_\_\_\_
2. Program Title: \_\_\_\_\_
3. Program Location and Facility: \_\_\_\_\_  
\_\_\_\_\_
4. Program Date(s): \_\_\_\_\_
5. Total Proposed Program Hours: \_\_\_\_\_
6. Registration Fee: \_\_\_\_\_
7. Name of Program Coordinator: \_\_\_\_\_
8. Educational Objectives of Program Specific to Sanitarians: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Program Description. Submit copy of Program agenda or lists of topics of discussion with  
respective presenter's name and the education hours for each portion of program.  
\_\_\_\_\_  
\_\_\_\_\_  
☐ Lecture ☐ Symposium ☐ Workshop ☐ Other: \_\_\_\_\_
10. List Instructor(s)' Name(s) and Qualification(s). Give Pertinent Information Only in Brief:  
\_\_\_\_\_  
\_\_\_\_\_
11. Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Attach additional sheets if more space is needed for numbers 8, 9, and 10.

Submit to:

Kanawha Charleston Health Department  
WV State Board of Sanitarians  
Attn: David P. Thornton R.S.  
P.O. Box 927  
Charleston, West Virginia 25323