



STATE OF WEST VIRGINIA  
STATE BOARD OF SANITARIANS

**APPLICATION FOR  
CONTINUING EDUCATION HOURS (C.E.H.)  
FOR INDIVIDUAL COURSE COMPLETION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Course Attended: \_\_\_\_\_  
Sponsored By: \_\_\_\_\_  
Date(s) Attended: \_\_\_\_\_  
Location of Course: \_\_\_\_\_  
Length of Course (in hours): \_\_\_\_\_  
Attendance Certified By: \_\_\_\_\_  
Signature: \_\_\_\_\_

**DIRECTIONS**

- a. Complete all of the above information
- b. Submit within thirty day of completion of the course to:

WV State Board of Sanitarians  
David Thornton, R.S., Executive Director  
Kanawha Charleston Health Department  
P.O. Box 927  
Charleston, WV 25323

- c. Submit a copy of the certificate of attendance or other proof of attendance with this document.  
Each Sanitarian is responsible for establishing proof of attendance.
- d. Submit a copy of the program agenda, if not pre-approved.