Missouri Board of Certification

Continuing Education Units

1. _____
   Course Name

2. _____
   Course Date (s)

3. _____
   Instructor Name

4. _____
   Contact Hours

5. _____
   Name

6. _____
   Address

   _____
   City State Zip Code

   _____
   E-mail Address

7. Submit to NEHA? Yes _____ No
   NEHA #

Please submit the course agenda for each program being submitted. **If you wish to have your CEU's sent to NEHA, you must provide a second copy of the agenda, and your NEHA registration number.** In-Service training, emergency response training, and other trainings may qualify for CEU credit.

Return To: Janet Murray, Treasurer
Randolph Co Health Dept
PO Box 488
Moberly, MO 65270