Sanitarian Registration Program Professional Licensing and Certification Unit MC-2003 P.O. Box 149347 Austin, Texas 78714-9347 512/ 834-4517

STATEMENT OF CONTINUING EDUCATION You must return this form with your renewal form and fee.

1. 25 Texas Administrative Code, §140.113(b), mandates each registered sanitarian must obtain and show proof of twenty four (24) hours of continuing education within the twenty four months preceding renewal of their registration. Each registrant is responsible for maintaining a record of his/her continuing education activities.

2. In the spaces provided below, list the continuing education (CE) activities, which you have attended or completed. The number of hours claimed must equal or exceed twenty four (24) hours in the twenty four (24) months preceding your expiration date, or you may not renew your registration. Continuing education undertaken by a registrant for renewal shall fall into those categories set out in 25 TAC, §140.113.

3. Read, sign, and date the statement below. Attach copies of certificates, transcripts, or other proof of attendance/participation. Copy this form as needed to document all continuing education activities taken.

PRINT NAME:		
REGISTRATION NUMBER: RS		
COURSE NAME	SPONSOR	DATE # OF CLOCK COMPLETED
HOURS		COMPLETED

TOTAL NUMBER OF HOURS

ATTESTION:

I certify that I did attend, participate in, or complete the above listed activities on the dates indicated for the number of hours specified.

I understand that the Sanitarian Registration Program randomly audits renewal applications, and that my application has been selected for audit. **Included with this renewal application**, I am furnishing documentation satisfactory to the Sanitarian Registration Program to prove that I did fulfill the CE requirements for license renewal.

I understand that knowingly providing false information of any kind could be just cause for revocation or suspension of my license.

I certify that all of the above is true and correct.

Signature of Renewal Applicant	Date
*** THIS FORM WILL BE RETURNED T	TO YOU IF ALL REQUESTED INFORMATION IS NOT COMPLETED AND PROOF OF
	ATTENDANCE IS NOT SUBMITTED.



Deputition of State Health Services Publication #F82-11518 Revised 9/08