



Continuing Education Recognized Provider Approval Request Form

The Accrediting Agency for Registered Environmental Health Specialists (REHS) Hours are requested for _____ REHS _____ I.C.C. _____ Other
www.calcupa.org

Program Date(s):	Required Documentation: The following must be provided with this form: <ol style="list-style-type: none"> 1. Educational objectives and descriptions of classes. 2. Anticipated educational outcomes for each class. 3. A timing outline, detailing all time spent in classes, meals and breaks. (This is to ensure all hours are awarded for learning time only). 4. Information regarding the target audience. 5. Qualifications and resumes of speakers/presenters.
Program Location (city and state):	
Target Audience: _____ REHS _____ I.C.C. _____ Other	
Total estimate # of REHS/others in attendance:	
Topic or subject matter: (see list of approved courses back of form)	
Program Chair: _____ Contact: _____	Number of contact hours: (see list back of form for conversion standards)
Agency/Business Name:	RP Application Fee is \$50 per approved course which is good for
(This person will receive Certificates of Attendance & additional materials)	three years.
Address:	(The Application fee is waived for Unified Program courses)
City/State/Zip	One-time fees for RP's providing approved courses at conferences:
Email:	\$150 for 1-15 courses
Website:	\$250 for 16-30 courses
Daytime Phone:	\$350 for 31 or more courses
Fax:	Send this form to California Cupa Forum 30 days prior to event:
	P.O. Box 2017, Cameron Park, CA 95682-2017
As a Recognized Provider, I verify that the content of this continuing education program is education beyond the basic preparation required for initial entry into the profession for the REHS.	Sheryl Baldwin, Manager sheryl@calcupa.org
	For questions please call 530-676-0815 or fax info to 530-676-0515
	Please allow 2-4 weeks for processing.
	For Continuing Education Program Committee Use Only
	Approved by: _____ Date: _____
	Disapproved by: _____ Date: _____
Signature of Recognized Provider /Date:	Review to be completed by:

Approved CEU Topics or Subjects	Contact Hour Guidelines
A. Food protection	
B. Solid waste management	1) 50-60 minutes = 1 contact hour
C. Liquid waste management	2) 0.1 continuing education unit (CEU) = 1 contact hour
D. Medical waste management	3) 1 quarter unit = 10 contact hours
E. Water supply	4) 1 semester unit = 15 contact hours
F. Housing and institutions	
G. Bathing places	Requirements of a Recognized Provider
H. Vector control	1) Provide us with a list of participants for each training venue
I. Hazardous materials management	2) Advise us if there is a speaker change & submit bio/resume for approval
J. Underground tanks	3) Each participant is required to turn in an evaluation form at end of training
K. Air sanitation	You can provide the individual evaluation copy to us or a final report
L. Safety and accident prevention	4) Provide a certificate of completion after the training
M. Land development and use	The certificate must have the following items:
N. Disaster sanitation	Date & name of training
O. Electromagnetic radiation	Date of expiration (3 years later)
P. Milk and dairy products	Participant name & Agency
Q. Noise control	REHS # of participant
R. Occupational health	Logo of RP listing Recognized Provider under logo
S. Rabies and animal disease control	Logo of AA listing Accrediting Agency under Cal CUPA Forum logo
T. Recreational health	Number of Contact hours provided for the training
U. Bioterrorism	Course number of class
V. Emergency preparedness	If available, signature of Instructor
W. Lead poisoning	
X. Cardiopulmonary resuscitation	5) If the RP can't provide the certificate, CAL CUPA Forum
Y. Epidemiology and communicable diseases	will provide it for a fee of \$10 per class or
Z. Public health	\$25.00 per calendar year for all training and
AA. Environmental Management and Administration	keep track of that participants CECH's.

