



Application for Certification of Continuing Education Units for
Environmental Health Specialist
Working in the Food Service Program

Note: Please provide complete information. To ensure training materials are properly assessed and CEU hours are awarded, please submit form at least seven (7) business days prior to the beginning of the proposed training class.

Sponsoring Organization/Company/Institution: _____

Address: _____

Location of Training: _____

Date(s): _____

Contact Person: _____

Contact Phone Number: _____

Instructions:

1. Submit completed application;
2. Provide an outline of the training subject(s) and time periods. Provide a synopsis of material covered and the presenter(s) with their credentials.
3. Send completed form to: Cameron Wiggins

Georgia Department of Public Health
Environmental Health Branch
2 Peachtree Street, 13th Floor
Atlanta, Georgia 30303-3186

State Use Only:

Session approved by: _____

Approved for _____ hours.

Approval Date: _____