

**CONTINUING EDUCATION SUBMISSION FORM**

Date Submitted: \_\_\_\_\_ License # \_\_\_\_\_

Name: \_\_\_\_\_ Certifications: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Title of Workshop/Training \_\_\_\_\_

Brief Description (Please note: without an indication of how this applies to the discipline of food and nutrition CEU's will be denied)

---

---

---

Sponsoring Organization: \_\_\_\_\_

Date(s) Attended: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Presenter/ Instructor: \_\_\_\_\_

Total CEU'S to be credited for this Workshop/Training: \_\_\_\_\_

Signature: \_\_\_\_\_

**ATTACH A COPY OF YOUR COMPLETION CERTIFICATE TO EACH SUBMISSION FORM.**

**(THIS FORM MAY BE COPIED)**