

Application for Approval as a NEHA Registered Provider

Please use this _____ Submit the completed application, documentation and fees to _____
_____ as one continuing education contact hour as equal to one hour of continuing education experience
_____ sponsorship, capable direction and qualified instruction.

STEP 1. Name and Address of Applicant

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

NEHA Membership Number (if applicable): _____

NEHA Credential Number (if applicable): _____

Date(s) of Program: _____

Location of Program: _____

STEP 3. Program Content Summary

Please summarize the content of your program here. Attach an agenda, if available.

STEP

()/ usiness t eetings:

Total CE

*(subject to revision)

