



Continuing Education Certificate of Completion

National Environmental Health Association

Name of Program: Legionella Conference 2021

Location: Virtual Program

Dates: March 9-10 2021

Total Number of NEHA Authorized CE Contact Hours: 18

STEP 1. Name and Address of Attendee

Name: _____ Date Completed Training _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

NEHA Membership Number (if applicable): _____

NEHA Credential ID Number (if applicable): _____

STEP 2. Competencies

Please list the new competencies you have developed.

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Step 3. Total CE Hours

Number of Hours attended: _____

(-) Breaks/Lunches: - _____

(-) Dinners: - _____

(-) Business Meetings - _____

Total CE Hours: = _____

Step 4. Completion Verification (Representative from Pre-Approved CE Program, please sign below)

SIGNATURE: _____

Step 5. Submission Instructions

1. If you are credentialed with NEHA:

- ✓ Log into your My NEHA account using your email address as your login ID.
- ✓ On the right side of the screen, look for " My Credentials and CEs". Then click on "Report CE Credits".
- ✓ Complete the Self-Report CE Credits form.
Retain this form for your records. In the event you are audited this form will serve as your proof of attendance.

2. If you are currently not credentialed with NEHA:

- ✓ Retain this form for your records. This form will serve as your proof of attendance.