

Program/Course Sponsor Application

REQUEST FOR APPROVAL OF ENVIRONMENTAL HEALTH
SPECIALISTS/SANITARIANS CONTACT HOUR(S)

Name and Address of Program/Course Sponsor

Program/Course Sponsor Company Name

Company Address	City, State, ZIP code	County

Contact Name	Email

Telephone	Fax Number

Program/Course Information

Title of Program/Course

Date(s) of Program/Course

Location of Program/Course Address	City, State, ZIP code	County

PROGRAM/COURSE SPONSOR APPLICATION

Please list detailed program/course description including course content
(Attach additional sheets if necessary)

Program/Course Length (Please attach an agenda)

One (1) contact hour is equal to an instructional session of 50 consecutive minutes excluding breaks, registration, meals (with or without speaker) or other social activity. Staff meetings are not accepted for continuing education credit.

Program/Course Intended Audience

Program/Course Format

- | | |
|---|--|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Classroom/Field Instruction |
| <input type="checkbox"/> Case Presentation | <input type="checkbox"/> Computer-Based Training |
| <input type="checkbox"/> Technical Facility Tours | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Workshop | |

Program/Course Written Objectives(s): Describe the expected outcome for the participant
(Attach additional sheets if necessary)

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Participation Validation in the Program/Course:

As the program/course sponsor I will be using a mechanism to validate program/course participation. This may include, but is not limited to, earned credits and/or verification of attendance and I agree to maintain attendance sheets for three years.

- Yes No

Learning Mechanism used in the Program/Course:

It must be stated in written form what mechanism was utilized to demonstrate whether or not learning did occur. The mechanism may include, but is not limited to, a successfully completed written test or a performance component.

List below what mechanism(s) will be used to demonstrate whether or not learning did occur. (Attach additional sheets if necessary)

Instructor and Instructor Qualifications

Program/Course content must be presented by knowledgeable person(s) who have reviewed development in the subject(s) being covered in the program/course within the last two years. His/Her qualification must be documented by one of the following areas listed. Please list all instructors below participating in your program course. (Attach additional pages if necessary)

Name	Contact Number

Job Title	Employer

- Specialized training in the subject matter
- Experience in working in the subject matter
- Experience in teaching the subject matter

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Submit application

Minnesota Department of Health
Food, Pools, and Lodging Services
11 East Superior Street #290
Duluth, MN 55802
Phone 651-201-4500
www.health.state.mn.us

Fax 218-723-2359 (Attn: PWDU)

Email attachment to health.sanitarions@state.mn.us

01/02/2018

To obtain this information in a different format, call: 651-201-4500. Printed on recycled paper