



OKLAHOMA  
State Department  
of Health

**PROTECTIVE**  
**HEALTH**  
**SERVICES**

Oklahoma State Department of Health  
Consumer Health Service / Occupational Licensing  
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**SANITARIAN & ENVIRONMENTAL SPECIALIST PROGRAM  
ANNUAL CONTINUING EDUCATION ROSTER**

This roster must be submitted with each full registrant's annual renewal form. A total of **fourteen (14)** approved CE hours are required every other renewal year. All courses **MUST** be completed in the two calendar years preceding renewal and be relevant to an item on the RPS/RPES Duty Task List to be counted for continuing education. The Duty Task List is available online at the website listed above.

Please attach to this roster copies of any agendas, sign-in sheets, and/or certificates earned for courses described in the space(s) below. For these courses to be approved, each entry must be completed in full.

**Printed Name:** \_\_\_\_\_ **Registration #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Total Clock Hours:** \_\_\_\_\_

<b>Hours Earned</b>
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**Course Name:** \_\_\_\_\_

**Sponsoring Agency:** \_\_\_\_\_

**Date(s) of Course:** \_\_\_\_\_

**Duty Task List Item(s):** \_\_\_\_\_

<b>Hours Earned</b>
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**Course Name:** \_\_\_\_\_

**Sponsoring Agency:** \_\_\_\_\_

**Date(s) of Course:** \_\_\_\_\_

**Duty Task List Item(s):** \_\_\_\_\_

<b>Hours Earned</b>
---------------------

**Course Name:** \_\_\_\_\_

**Sponsoring Agency:** \_\_\_\_\_

**Date(s) of Course:** \_\_\_\_\_

**Duty Task List Item(s):** \_\_\_\_\_

<b>Hours Earned</b>
---------------------

**Course Name:** \_\_\_\_\_

**Sponsoring Agency:** \_\_\_\_\_

**Date(s) of Course:** \_\_\_\_\_

**Duty Task List Item(s):** \_\_\_\_\_

(Please attach additional copies of this page if needed.)

Printed Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

<b>Hours Earned</b>
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Course Name: \_\_\_\_\_  
Sponsoring Agency: \_\_\_\_\_  
Date(s) of Course: \_\_\_\_\_  
Duty Task List Item(s): \_\_\_\_\_

<b>Hours Earned</b>
---------------------

Course Name: \_\_\_\_\_  
Sponsoring Agency: \_\_\_\_\_  
Date(s) of Course: \_\_\_\_\_  
Duty Task List Item(s): \_\_\_\_\_

<b>Hours Earned</b>
---------------------

Course Name: \_\_\_\_\_  
Sponsoring Agency: \_\_\_\_\_  
Date(s) of Course: \_\_\_\_\_  
Duty Task List Item(s): \_\_\_\_\_

<b>Hours Earned</b>
---------------------

Course Name: \_\_\_\_\_  
Sponsoring Agency: \_\_\_\_\_  
Date(s) of Course: \_\_\_\_\_  
Duty Task List Item(s): \_\_\_\_\_

<b>Hours Earned</b>
---------------------

Course Name: \_\_\_\_\_  
Sponsoring Agency: \_\_\_\_\_  
Date(s) of Course: \_\_\_\_\_  
Duty Task List Item(s): \_\_\_\_\_

<b>Hours Earned</b>
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Course Name: \_\_\_\_\_  
Sponsoring Agency: \_\_\_\_\_  
Date(s) of Course: \_\_\_\_\_  
Duty Task List Item(s): \_\_\_\_\_

<b>Hours Earned</b>
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Course Name: \_\_\_\_\_  
Sponsoring Agency: \_\_\_\_\_  
Date(s) of Course: \_\_\_\_\_  
Duty Task List Item(s): \_\_\_\_\_