



Continuing Education Certificate of Completion

National Environmental Health Association

Name of Program: Food Safety for the Reel World

Location: Online

Dates: 3/2/22

Total Number of NEHA Authorized CE Contact Hours: 1

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:  Brittany Saunier, Executive Director, Partnership for Food Safety Education

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 "Credentials & Exams". 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.