

**ONSITE WASTEWATER TREATMENT SYSTEM PROFESSIONAL  
CONTINUING EDUCATION UNITS (CEU'S) APPLICATION  
Missouri Department of Health and Senior Services  
Onsite Sewage Program**

Note: Use this application ONLY if the training has not been pre-approved by the Onsite Sewage Program and it is not been listed on our Internet listing of approved CEU training courses.

**Please Print:**

Professional's Name \_\_\_\_\_ ID #(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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Date of Course \_\_\_\_\_

Course(s)/Seminar(s) Title (Agenda must be attached) \_\_\_\_\_

Professional's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attached the following documentation:**

- Agenda(s) of the training course(s)/seminar(s) attended.**
- Attach certificate or documentation of attendance.**
- If a certificate is not issued, print your name and ID number at the top of the agenda and the instructor(s) will need to initial by each session you attended.**
- Enclose name and contact information for each instructor and education and experience qualifications.**

**DHSS Office Use**

Approved     Disapproved    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Assigned CEU's for this Course:

Installer \_\_\_\_\_, Adv. Installer \_\_\_\_\_, Inspector \_\_\_\_\_, Perc Tester \_\_\_\_\_, Soil Evaluator \_\_\_\_\_