

Ohio Department of Health

Radon Continuing Education Credit Approval Application

Application Information

Company/Firm/Individual name		
Address		
City	State	ZIP
Email	Phone	FAX
Type of course/seminar/meeting offered		
Frequency of course/seminar/meeting		
List of classes offered within the course/seminar/meeting		

Total hours of supervised instruction _____.

Attach copies of the syllabus, agenda, and training materials to be used in the training course.

Attach biographies and credentials of **all individuals** instructing participants in the training course.

Attach a copy of the certificate of completion you are going to provide to the participants who complete the course.

I certify that information contained in this application including any supplements attached hereto, is true and correct.

Signature of applicant (print and sign)	Date

Send completed application and attachments to:
Ohio Department of Health—Radon Licensing
246 North High Street, 7th floor 35 building
Columbus, Ohio 43215