

Date received by committee _____	Check # _____
Contact Hours Approved _____	Recorded _____
Signature of Committee Member _____	

Do Not Write In This Box

Kansas Water Well Program
 Continuing Education
2009 - 2010

Request for Approval

To: Continuing Education Committee
 Attn. Dale Hayse
 c/o KGWA
 P. O. Box 107
 Mullinville, Kansas 67109-0107

Phone: 620-548-2669
 Fax: 620-548-2369

Name: _____ License #: _____
 Company: _____ Date: _____
 Phone #: _____

I request approval of the following continuing education units.

Date of Program: _____

Program Title: _____
**** A copy of the program time table and content must be attached. ****

Presented by: _____

Signature of Presenter: _____

If not signed by Presenter, then one of these documents are required: Class program signed by Presenter or Person in charge of Seminar, or copy of registration signed by Presenter or Person in charge of Seminar that states that you attended, or a Certificate of Attendance or Completion. If these documents are not available, call or write to the committee for instructions.

Number of Contact Hours Attended: _____ = Number of C.E.U.'s Requested _____

Include Application fee equal to Number of CEU's x \$10.00 each = \$ _____
Application can not be processed without the Application fee (Example: 8 CEU's X \$10.00 = \$80.00)

Make checks payable to Kansas Ground Water Association, or KGWA.

Signature of Applicant: _____

This form to be used for July 2009 - June 2010