

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**

Request for Approval

To: Continuing Education Committee

Attn. Clint Tyler
c/o KGWA
P. O. Box 147
Sawyer, KS 67134

Phone: 620-548-2669
email: ksgroundwater@gmail.com

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

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: _____
 OR

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)
 After June 30th, the fee is \$50 per CEU (Example: 8 CEU's X \$50 = \$400)

KGWA Gold member's CEU fees are paid. Still need to submit approval form. (Gold Member = \$0)
 Make checks payable to Kansas Ground Water Association, or KGWA.

Signature of Applicant: _____

**** License Year is July 1 - June 30 ****

