



NEHA-NRPP Administrative Office
P.O. Box 2109
Fletcher, NC 28732
800.269.4174/fax – 828.890.4161

NEHA-NRPP Continuing Education Category II Application

Application Process

To receive continuing education credit for an activity, the participant - or provider in the case of a conference or symposium - must complete the appropriate Category II Activity Application and receive approval from NEHA NRPP.

The information collected is used to evaluate whether the applicant will be granted continuing education hours for completion of a particular activity. It is important to note the maximum number of hours granted per activity.

In order to apply for Category II approval, please complete the appropriate application(s) and provide all attachments as requested. Incomplete packages are automatically denied credit.

Completed applications should be sent to:

*NEHA National Radon Proficiency Program
Administrative Office
P.O. Box 2109
Fletcher, NC 28732*

Applications must be received at least three weeks prior to the renewal deadline for certification, to allow for review and notification of approval or disapproval. Only activities completed during the two-year period of a certification will be eligible for continuing education credit. Once an application has been evaluated, you will be informed by mail whether you will receive credit for completion of the activity. If an application is not approved, NEHA NRPP will indicate the main reasons for denial. Please note that you will not be given an extension to your listing in order to complete CE.

EVALUATION OF ACTIVITIES

Evaluation Criteria

Approval for Category II activities may be requested by the activity sponsor (in the case of a conference or symposium) or by the activity participant. However, *those attending an approved activity must still submit the appropriate application and documentation of attendance.* The activity will be evaluated according to the following criteria:

- A. Duplication: Both the maximum number of hours that will be granted for each instance of participation and the maximum number of times a participation will be awarded continuing education hours for repeating a particular activity are given on each activity's application.
- B. Approval Criteria: Each activity has its own approval criteria. In most cases, it includes documentation of the nature of the activity and of your participation. The approval criteria are provided in full on each activity's application.

Notification of approval or disapproval will be made by mail. If an application is not approved, a letter will be sent outlining the main reasons for disapproval

Other Requirements

Those completing Category II activities for continuing education credit should be aware of and adhere to the following policies:

1. No credit will be given for participation in activities completed before the continuing education program implementation date. Once the CE program is implemented, credit can be requested before or after the activity has taken place, provided all required supporting documentation can be obtained.
2. No activity may be advertised as approved before approval is granted.

Category II Activity Applications

In order to apply for Category II credit, please complete the application(s) appropriate to the activity you have completed or will complete. Please fill in the requested information in the shaded areas of each section as completely and as accurately as possible. Provide all attachments as requested on the application(s). *Be certain to provide ALL required information and documentation as incomplete packages are automatically denied credit. This form may be used to apply for approval of only one instance of participation in a particular activity. To apply for approval of additional instances of participation, where permitted, please use a second copy of the application.*

One application is included for each type of activity:

1. Conference/Symposium Attendance
2. Presentation of Technical Paper
3. Published Article
4. Public Outreach
5. Instruction
6. Technical Service
7. Association Meetings

ACTIVITY I
CONFERENCE/SYMPOSIUM ATTENDANCE
Conference Sponsor or Attendee

Category II credit is awarded for attendance at radon-specific and radon-related conferences and symposia. One hour of Category II credit is given for every two hours of documented attendance at radon-related sessions of an approved conference or symposium.

Date of Application (month/day/year): _____

I. Approval Criteria (Conference Sponsor)

If you are the conference sponsor, please provide the following information along with a copy of this application.

1. Conference Name: _____

Conference Date: _____

Conference Sponsor(s): _____

2. Conference Fee: _____

3. General Conference Description: _____

4. Conference Agenda: Please indicate that you have included a copy of the conference agenda with this application: Yes _____ No _____

5. Length of Conference (in hours): _____

Length of time devoted to radon-specific and radon-related topics: _____

Requested number of credits for attendance at full conference: _____

(One hour of Category II credit is given for every two hours of documented attendance at radon-specific and radon-related sessions.)

ATTENDEES go to next page.

II. Conference Attendee

1. Name of Attendee: _____
2. NEHA NRPP ID #(s): _____
3. Address: _____

4. Phone Number: _____ Fax: _____
5. Email Address: _____
6. Date of Application (month/day/year): _____

III. Approval Criteria

If the conference has been approved beforehand, the participant need only provide the following information. If it is NOT a pre-approved conference, the participant must provide all information listed above as well as that which is listed below:

1. Conference Name: _____
Conference Date: _____
Conference Sponsor(s): _____

2. Conference Fee: _____
3. Conference Agenda: Please indicate that you have included a copy of the agenda with this application. Yes _____ No _____
4. Verification of conference registration and attendance (receipt of registration, certificate of attendance). Please indicate that you have included a copy of the agenda with this application Yes _____ No _____
5. Number of hours of radon-specific and radon-related sessions you attended: _____

ACTIVITY 2
PRESENTATION OF TECHNICAL PAPER

Technical papers, specific or related to radon science, measurement or mitigation technology, that have been presented formally or as a poster session at a symposium or conference may be awarded up to four hours of continuing education credit per paper. Credit is given for the first presentation of the paper only. Papers must be research oriented and provide new information regarding radon rather than a review of existing knowledge.

I. Presenter Information

1. Name of Presenter: _____
2. NEHA NRPP ID # (s): _____
3. Address: _____

4. Phone Number: _____ Fax: _____
5. Email Address: _____
6. Date of Application (month/day/year): _____

II. Approval Criteria (Author)

1. Indicate that you have enclosed a copy of the paper in its entirety: Yes: _____
2. Type of Presentation (podium, poster session, etc.): _____
3. At which conference was this paper given? _____
Conference dates and location: _____
Name of Conference Coordinator: _____
Telephone Number: _____
4. Please indicate that you have included a copy of the conference agenda listing the paper, author, date, and time of presentation: Yes: _____

**ACTIVITY 3
PUBLISHED ARTICLE**

One hour of Category II credit may be awarded for each published 8 ½ X 11 page of a radon-specific or radon-related article in a technical publication up to a maximum of four hours of continuing education per article. Articles must be research-oriented and provide new information regarding radon rather than a review of existing knowledge.

I. Author Information

1. Name of Author: _____
2. NEHA NRPP ID # (s): _____
3. Address: _____

4. Phone Number: _____ Fax: _____
5. Email Address: _____
6. Date of Application (month/day/year): _____

II. Approval Criteria (Author)

Please provide the following information along with a copy of this application. Please indicate that you have included each item.

1. Copy of the article in its 8 ½ X 11 format: Yes: _____
2. Copy of the published article as it appeared in print: Yes: _____
3. Name of the publication: _____
Date of publication: _____
Pages on which the article appeared: _____

**ACTIVITY 4
PUBLIC OUTREACH**

One hour of Category II credit may be awarded for each radon-specific presentation given to the general public or group of people with some interest in the radon issue, such as realtors, bankers, builders, homeowners, etc. A maximum of four hours of continuing education per two-year period may be earned through public outreach presentations.

I. Presenter Information

1. Name of Presenter: _____
2. NEHA NRPP ID # (s): _____
3. Address: _____

4. Phone Number: _____ Fax: _____
5. Email Address: _____
6. Date of Application (month/day/year): _____

II. Approval Criteria (Presenter)

Please provide the following information along with a copy of this application.

1. Name of the presentation sponsor: _____
Presentation sponsor's telephone number: _____
2. Length of the presentation (in minutes): _____
3. Description of the audience: _____

4. Number of attendees: _____
5. Please indicate that you have included a letter of invitation or confirmation from the presentation sponsor: Yes: _____
6. Please indicate that you have included an outline of the presentation: Yes: _____

**ACTIVITY 5
INSTRUCTION**

Individuals providing instruction in radon science, measurement and/or mitigation courses may be awarded Category II credit for this teaching activity. Credit may be awarded at a rate of two hours of continuing education credit for each one hour of instruction. You may only apply for credit once for each individual course-type taught.

I. Instructor Information

1. Name of Instructor: _____
2. NEHA NRPP ID # (s): _____
3. Address: _____

4. Phone Number: _____ Fax: _____
5. Email Address: _____
6. Date of Application (month/day/year): _____

II. Approval Criteria (Instructors)

Please provide the following information along with a copy of this application.

1. Course Name: _____
Course Date: _____ Location: _____
Course Provider: _____
Course Sponsor (if different from provider): _____
Contact Person: _____
2. Length of Instruction (in hours): _____
Material presented (topic areas taught, etc.): _____

3. Please indicate that you have included either:
A copy of the course agenda on the letterhead of the course provider or sponsor. The agenda must list instructors by section: Yes: _____
OR
A letter from the course provider/sponsor confirming your participation as an instructor in the course and the total number of instructional hours you provided: Yes: _____

**ACTIVITY 6
TECHNICAL SERVICE**

One hour of Category II credit may be awarded for each hour of technical service provided to a radon-related professional or trade association. Examples of such services would include service as a technical committee member/chair or chair of a technical session at an association conference. A maximum of eight hours of continuing education per two-year period may be earned in this manner.

I. Participant Information

1. Name of Instructor: _____
2. NEHA NRPP ID # (s): _____
3. Address: _____

4. Phone Number: _____ Fax: _____
5. Email Address: _____
6. Date of Application (month/day/year): _____

II. Approval Criteria (Participant)

1. Association Name: _____
Association Address: _____

Phone Number: _____ Contact Person: _____
2. Description of service provided: _____

Dates of service: _____
Total Hours of service: _____
3. Please indicate that you have attached a letter from the organization confirming the technical service provided. This letter should be written on the letterhead of the organization and be signed by a current officer of the organization to which the service was rendered: Yes: _____

**ACTIVITY 7
ASSOCIATION MEETINGS**

One hour of Category II credit may be earned through attendance at local and/or regional meetings of radon-related professional or trade associations. One credit can be awarded per meeting. A maximum of four hours of continuing education can be earned in this manner per two-year period.

I. Attendee Information

1. Name of Attendee: _____
2. NEHA NRPP ID # (s): _____
3. Address: _____

4. Phone Number: _____ Fax: _____
5. Email Address: _____
6. Date of Application (month/day/year): _____

II. Approval Criteria (Participant)

1. Name of Organization: _____
2. Organization Contact Person: _____
Telephone Number: _____
3. Meeting Date: _____ Time: _____
Location: _____
4. Please indicate that you have provided a copy of the Meeting Agenda. The agenda must be on the organizations' letterhead and must be signed by a current officer of the organization.
Yes: _____
5. Please indicate that you have provided documentation of Meeting Attendance, such as a receipt or letter on the organization's letterhead signed by a current officer of the organization.
Yes: _____