National Radon Safety Board

NRSB

Certified Radon Professionals

NRSB COURSE APPROVAL APPLICATION

INSTRUCTIONS: Complete all items required below. Please mail **TWO** copies of course material, completed NRSB Course Approval Application, and application fee to:
The National Radon Safety Board, 14 Hayes Street, Elmsford, NY 10523

To calculate Fee: Number of credits _____ x $25 = _____Total Fee
For example: 8 credits x $25.00 = $200 (Total Fee) (Non Refundable)

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1. Contact Name _____

   Company Name_____

   Address _____

   _____

   Phone Number _____Fax Number_____

   E-mail _____

2. Review this course for: ☐ Initial Course   ☐ Continuing Education Credits
   (You may check both)

3. Is this course primarily for: ☐ Testers   ☐ Mitigators
   (You may check both. Please note all approved courses count towards CEU requirements in all categories.)

4. Are there any prerequisites for this course?   ☐ Yes   ☐ No

   If yes, what is required _____

5. Have you ever had a course previously approved by the NRSB? _____

   If so, list the last course by title_____

6. Type of Activity (short course, publication, attendance at meeting) _____

7. Presentation method: (Classroom, Online, Webinar, Etc.) _____

8. Attach Outline or Syllabus of Course

9. Attach copy of certificate of course completion

10. Attach all printed text and all multi-media

11. Include quiz and answer sheet (5 questions per CEU if applicable)

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12. Include student course evaluation form

13. Activity Duration (if applicable)

    Contact Hours_____ Days_____ Semester Hours_____ Other _____

14. Course Title: _____

15. Course Dates: _____Number of Hours_____ Number of Credits _____

16. Course Instructors: _____

17. Location of Activity: _____

18. Other Relevant Information (include measurement tool):

    _____

    _____

19. Attach appropriate Resume and/or credentials supporting this request.

20. Requestor's Signature & Title _____Date_____

To be filled out by NRSB Education Committee:

Date Rec'd_____

Instructor Approval: _____

Name of Reviewer (Print) _____

Signature: _____

Date Course Provider Notified_____Expiration_____