



NRSB COURSE APPROVAL APPLICATION

INSTRUCTIONS: Complete all items required below. Either email or mail a copy of the course material, completed NRSB course approval form, instructor approval form and application fee to: info@nrsb.org or 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)

-
- Contact Name _____
Company Name _____
Address _____

Phone Number _____ Fax Number _____
E-mail _____
 - Review this course for: Initial Course Continuing Education Credits
(You may check both)
 - Is this course primarily for: Testers Mitigators
(You may check both. Please note all approved courses count towards CEU requirements in all categories.)
 - Are there any prerequisites for this course? Yes No
If yes, what is required _____
 - Have you ever had a course previously approved by the NRSB? _____
If so, list the last course by title _____
 - Type of Activity (short course, publication, attendance at meeting) _____
 - Presentation method: (Classroom, Online, Webinar, Etc.) _____
 - Attach Outline or Syllabus of Course
 - Attach copy of certificate of course completion
 - Attach all printed text and all multi-media
 - Include quiz and answer sheet (5 questions per CEU if applicable)

14 Hayes Street, Elmsford, NY 10523 • Tel (914) 345-1168 • Fax: (914) 345-1169

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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 _____

<p>To be filled out by NRSB Education Committee:</p> <p>Date Rec'd _____</p> <p>Instructor Approval: _____</p> <p>Name of Reviewer (Print) _____</p> <p>Signature: _____</p> <p>Date Course Provider Notified _____ Expiration _____</p>
